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CREATED AND LOVED BY GOD

An HIV/AIDS Ministry Covenant to Care Handbook

by Nancy A. Carter

**Health and Welfare Ministries
General Board of Global Ministries
The United Methodist Church**

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Preface

"If you have HIV/AIDS or are the loved one of a person who has HIV/AIDS, you are welcome here" is the basic principle upon which the United Methodist Covenant to Care program is founded. Many congregations and other organizations, including some that are not United Methodist, have joined the Covenant to Care movement.

The Covenant to Care program was launched in 1989 by Cathie Lyons, associate general secretary of the Health and Welfare Ministries, General Board of Global Ministries. The principles in "AIDS and the Healing Ministry of the Church," a General Conference resolution of 1988, were the foundation for the program.

Since then, the Covenant to Care movement has proceeded informally. For example, congregations have not been "required" to report their status to the Health and Welfare Ministries, so we do not know how many Covenant to Care congregations exist. We only know that more and more churches are joining the movement and that congregations are asking for resources. Although this book has been developed for prospective or new United Methodist Covenant to Care churches, those who are already a part of the movement will also find it helpful.

Part One

BIBLICAL AND THEOLOGICAL BACKGROUND

Chapter 1

RECOGNIZING THE FACE OF AIDS

We should not be surprised that the many faces AIDS wears are, really, one and the same face. The one face that AIDS wears is always the face of a person created and loved by God.

Sometimes we apply the adjective "gracious" to the practice of hospitality, meaning that a particular host has acted with unusual generosity and attentiveness. If we are religiously minded, we perhaps intend our adjective to signify that what happened was literally an occasion of grace in which something more than the goodness of the host was communicated to each participant.¹

— John Koenig

FACE-TO-FACE ENCOUNTERS

Almost always, after I give a sermon or presentation on AIDS, at least one person stays to talk with me about a personal experience with HIV. One such conversation happened in 1994, when I did a meditation on the faces of HIV/AIDS at the Interchurch Center in New York City. Afterward, a woman spoke to me about one of her relatives who had AIDS. She shared how badly most of the family had treated him, while she continued to embrace him. She had seen the face of AIDS from a very personal perspective.

Later I marveled a little at our exchange, even though I knew that I am almost always approached after a presentation. One reason for my wonder was that I had known the person for some time on a "hello" basis, and she had also known that I was working with HIV/AIDS ministry, but it was not until after a worship service focused on the faces of HIV/AIDS that she shared her story with me. We should not underestimate the power of the Holy Spirit to bring us closer together and to clarify our vision during worship.

The Covenant to Care program began because of personal encounters with the many faces of AIDS. A compelling instance occurred at the United Methodist National Consultation on AIDS Ministries in November 1987. At the closing worship, Cathie Lyons suggested some images that would bind the participants together as people of faith while they traveled home. One of her images reflected a question raised by George Clark III, a participant.

Earlier in the week, in a soft voice and thoughtful manner, George had disclosed that he had AIDS. He then asked: "Would I be welcome in your local church, in your annual conference?" On the last day of the conference, Cathie responded publicly to his question:

George, I name you Legion, because in the life of this church you are many. The question you raise is manifold in its proportions. It is a question which must be addressed to every congregation and every conference in this church.

The approach of this book is simple. It invites every local church to answer George's question affirmatively by becoming a Covenant to Care congregation, by declaring publicly that people who have HIV/AIDS and their loved ones are welcome. When we graciously receive people into our congregations, we show Christian hospitality. Hospitality to all of God's children is the message of the Good News which Jesus brought and which George challenged his church to live.

SEEING THE FACE OF AIDS

The face AIDS wears is both many and one. The face of AIDS is women and men, children, youth and adults. It is our sons and daughters, brothers and sisters, husbands and wives, mothers and fathers. Sometimes the face AIDS wears is that of a homeless person or a prisoner. Other times it's the face of a pregnant woman who is fearful she will pass HIV to her unborn child. Sometimes it's a baby or a child who has no care giver and little hope of being adopted or placed in foster care.

Persons living with AIDS (PLWAs) come from all walks of life. PLWAs represent all racial and ethnic groups, religious backgrounds, and countries of the world. Some hold regular jobs; others are underemployed or unemployed. Some are affected by other life-threatening situations such as poverty, domestic violence, or intravenous drug use.

We should not be surprised that the many faces AIDS wears are really one and the same face. *The one face that AIDS wears is always the face of a person created and loved by God.*

FAMILIAR FACES

The story of George Clark III reminds us that every day another family, community, or church learns that one of its own has AIDS. George had family and friends and a pastor who loved him.

George's parents were en route to New York City when he died on April 18, 1989, in Brooklyn, New York. George had hoped that the Reverend Arthur Brandenburg, who had been his pastor in Pennsylvania, would be with him. George got his wish. Art was there, as was Mike, a gracious and kind man who had opened his home to George. Art Brandenburg recalls that at the moment of death, George was wearing a World Methodist Youth Fellowship T-shirt . . . and that the birds outside George's window stopped singing.

George, who was 29 years old, is survived by his parents, his sister, and other relatives. He is also survived by United Methodists across the country, including Covenant to Care congregations, who were moved by the challenge he put to his church at the National Consultation on AIDS Ministries in 1987.

Portions of this chapter have been excerpted and adapted by Nancy A. Carter from an article on the Covenant to Care program written by Cathie Lyons as Focus Paper #6 for the HIV/AIDS Ministries Network.

Notes

John Koenig, *New Testament Hospitality: Partnership with Strangers as Promise and Mission* (Philadelphia: Fortress Press, 1985), p. 1.

Chapter 2

IF THE DOOR IS CLOSED, GO THROUGH THE WINDOW! BECOMING A COVENANT TO CARE CONGREGATION

Covenant to Care congregations let it be known in their communities that "if you have HIV/AIDS or are the loved one of a person who has HIV/AIDS you are welcome here."

As members of The United Methodist Church, we covenant together to assure ministries and other services to persons with AIDS. . . . We ask for God's guidance that we might respond in ways that bear witness always to Jesus' own compassionate ministry of healing and reconciliation; and that to this end we might love one another and care for one another with the same unmeasured and unconditional love that Jesus embodied.¹

A Covenant to Care congregation distinguishes itself by demonstrating care, openness, and willingness to give Christian love. Such a congregation covenants to welcome all persons whose lives have been touched by HIV, witnessing to Jesus' own compassionate ministry of healing, hospitality, and reconciliation.

A Covenant to Care is a gospel response to George Clark III's question, "Would I be welcome in your church?" Through ministry with persons whose lives have been touched by AIDS, churches discover anew what it means to follow Jesus in both word and deed. Jesus said, "'Come to me, all you that are weary and are carrying heavy burdens, and I will give you rest'" (Matthew 11:28). Covenant to Care churches can help lighten the load of PLWAs and their loved ones and give them a safe and holy place to stay awhile.

GETTING STARTED

You are probably reading this book because you would like your church to become a

Covenant to Care congregation. You may be an individual or a small group. Think about your congregation. Has it educated itself about HIV/AIDS and is it already in ministry with PLWAs and their loved ones, or has the word "AIDS" hardly ever been spoken during congregational worship? Your approach to a church that is already in ministry will be different from your approach to one that has had little or no experience in this area.

Be sensitive to your own context. Consider the composition of both your congregation and your community. What is the racial, economic, religious, cultural, and age makeup of these two groups? How are they similar and different? Does your church participate in the community, or is it somewhat separated from it? Do community organizations, such as twelve step groups, community action groups, or social clubs meet in your church?

Relationships with the community are important. Some churches have become involved in HIV/AIDS ministry because of their proximity to lesbian and gay communities, others because they are in areas suffering from a lot of drug addiction. Often these ministries

begin because church members themselves are HIV-positive. Sometimes they are a response to a query by someone outside the church membership. In at least one church, HIV/AIDS ministry began when a member of a twelve step program meeting at the church approached the pastor about getting space for a PLWA support group. The people who were to be in the group were already part of the twelve step program.

Another concern to reflect on is whether your church has a history of outreach and compassionate ministry or tends to focus more on its own internal programs. Ask: "With whom has our church been in ministry? Would a new ministry enhance our church's effectiveness?" Also ask yourself: "Would our church be open to joining this program?" If the answer is a definite "yes," your way of approaching your congregation will be different than it would if your answer were a resounding "no."

No matter what your situation, make sure that the congregation takes time to make a well thought-out decision. A good process is as important as writing and adopting a Covenant to Care statement, and the process should not end once a piece of paper has been produced. At the time of officially adopting the statement, present an initial plan of action. Make sure individuals are assigned to coordinate the plan. Then your church can put its words into action.

GOING THROUGH THE WINDOW

Even today, after more than a decade of our living with AIDS, it is still a volatile subject. Although your church may have had a history of social action and community involvement, it may not want to touch this issue. More than one person who has suggested HIV/AIDS ministry to an ordinarily compassionate church has been surprised by a negative response. On the other hand, some churches have welcomed the suggestion and HIV/AIDS ministry has become an addition to their program.

If you suspect that your church would close its door to the idea of becoming a Covenant to Care congregation, it is still worth broaching the subject, in case the congregation would surprise

you and welcome the idea. But if your initial assessment was right and your congregation resists the idea of considering the Covenant to Care program, you could start with a different, more attainable goal. Look for other openings, maybe a window or even a crack in the wall! For example, your congregation might agree to take one or more smaller steps, such as:

- Pray for people with HIV/AIDS and their families, either in general or by name (when this information is not confidential).
- Schedule a sermon or presentation by the pastor, a member of your church, or a guest speaker on what other churches are doing.
- Listen to a personal story about a PLWA or a caregiver.
- Allow information about The United Methodist Church's Advance Special for AIDS Ministries to be placed in the literature rack.
- Learn about or visit the AIDS Memorial Quilt, see the video "Threads of Love," and maybe even make a panel for the quilt.
- See a video about HIV/AIDS ministry or a popular film like "Philadelphia" and discuss it.
- Make quilts for babies with HIV.
- Do a Bible study on sickness, healing, and ministry.
- Allow an AIDS educator to lead a prevention workshop for teens, women, men, or everyone.

Use the entrances that exist. Sometimes God does not open doors but opens windows!

Do not force a church to make a decision that it is not ready to live out. If members can agree to having certain educational events, but no more, then have educational events. You can hope the events will open a door, but if they do not, continue using the windows of opportunity you do have.

Becoming a Covenant to Care congregation is a serious commitment. If a church says it will welcome PLWAs and their loved ones and then it doesn't live up to its promise, people could be hurt. What if a PLWA came to your church

because he or she heard it was hospitable, only to find out otherwise?

WHAT/WHO ARE THE DOORS TO YOUR CHURCH?

What or who acts as the "door of the church" varies with each congregation. In terms of adopting a new church program, the official church door is the Council on Ministries or the Administrative Council. For some churches, you would do well to begin here by officially presenting the purpose of the Covenant to Care program and your ideas for becoming a church that welcomes PLWAs. In larger churches, you may start with a program committee that deals with health and welfare and/or church and society concerns; then the committee will take a recommendation to the council. Some smaller churches may have infrequent Administrative Council meetings, so you might begin instead by speaking to the adult church school class (which will have most of the council members anyway) and wait until later to seek formal approval.

Wherever you begin, have a general plan of action in mind, but take care not to work out too many details. You will want to invite others to participate in the planning. A plan of action could include educational gatherings, such as those described in Part Two of this book. These events should be good enough to stand alone as a valuable study series but should also help your church see the advantages of becoming a Covenant to Care congregation.

In other churches, you may have to begin informally with the pastor and/or the church's other human "doorkeepers." I am talking realities here, not necessarily how things "should be" according to *The Book of Discipline*. The main decision-making bodies are supposed to be the councils, boards, and committees of the church, but this is not always true. Although most individual doorkeepers gladly respect the decision-making process of elected officers, some do not and may even undermine the process.

If you, the reader, are a layperson, you will want to include the pastor(s) in your process. Clergy usually have a lot of power in a church by virtue of their office. A positive word from them for the Covenant to Care concept will help in most churches. (Sometimes, however, a positive word from the pastor may sink an idea. Know the reality of your church community!)

If you, the reader, are pastor of a church, you certainly will want support from some of the laity before presenting the Covenant to Care idea to a formal decision-making group. A program perceived as a pastor's "pet project" or as a program for clergy rather than for the whole church will probably fail.

When the doorkeeping process is not an open process, you will meet opposition if the doorkeepers do not like your ideas. A "nod" or "shake" of the head from the doorkeeper(s) at a formal church vote may determine which way the group goes, even if it might have otherwise gone another way. Much of the time, such a signal has been given before the group meets. The people giving the signal may not even be present at a vote.

It is always best to "test the waters" before bringing even an initial proposal—no matter how friendly or hostile you may think your church or its doorkeepers will be. Be open yourself, and set a positive tone. Talk with individuals and share information about a Covenant to Care, stories of PLWAs that you know, a church ministry you have read about, whatever seems appropriate. Show enthusiasm and concern.

THE PLANNING PROCESS

Once your church decides to explore becoming a Covenant to Care congregation, it will need to plan its process. Depending on the leadership style of your church, these plans may be made and acted on by a council, board, or task force.

One reality of planning is that, for most churches, especially if the topic is HIV/AIDS, you will need to invite people and to be

"inviting" in terms of what you offer. As with any event, advertisements and personal invitations are important.

Another way to increase attendance is to go where the people already are. If the place where most people are is the Sunday morning worship, then at least one service should focus on HIV/AIDS ministry and introduce the congregation to the concept. This special service might launch a study series to be held after church. Plan to have not only a program but also food.

Another way to draw people is with "names" and/or good music. Who the "name" people are will vary with the church. If you are in or near a large city, you may be able to invite a chorus or choir to come and sing songs of hope and healing or a drama group to do a performance about AIDS.

Know your congregation. The initial process you use to explore HIV/AIDS ministry should aim at including people and bringing them along, not excluding people and sending them out the door. Inevitably, some "lines" may have to be drawn as goals and purposes are defined, but always try to be as hospitable to as many people as possible.

Allow enough time for planning and securing leadership, and for people to put the events on their calendars. The time will vary with the leadership desired and the other commitments held by people in the congregation. Also consider the time of year you will be holding the event. If your church is in a rural farming community, don't expect people to come during harvest time. If slow pitch softball or baseball is big in your community, don't schedule a Bible study on sickness and healing at a time when most of your church members will be on the field or watching from the bleachers.

The events should be well planned and well thought out. The first one should be especially well done, so that people will want to return to later ones and will tell others about what a good program it was.

LEADERSHIP

For successful programs, choose talented leaders, both as planners of the programs and as the actual presenters and facilitators. You may have such leaders in your congregation, or you may have to go beyond it. For example, you may not have someone who is qualified to talk about the facts of AIDS or about the possibilities for AIDS ministry.

Locate the AIDS-informed people in your area and invite them to be part of your planning. You will probably find people with practical knowledge and experience who are willing to work with you. You can get qualified people from a number of sources, such as your area's AIDS service organization(s), your county medical society, a local Red Cross Chapter, or the Visiting Nurse Association. Perhaps you know clergy or laypersons who have training and experience in AIDS ministry and program development. An annual conference AIDS task force or an interfaith or ecumenical group may already be addressing the AIDS pandemic.² Reach out to these different individuals and groups.

People with HIV, their loved ones, family members, and care providers know AIDS firsthand. Their stories and experiences are invaluable. They can talk with your congregation about living with AIDS and caring for someone who has AIDS. They can tell you what their needs are and how your church might respond. Include these people from the outset.

THE STATEMENT

Participating in a Covenant to Care educational process will provide some people with their first opportunity to talk about AIDS. Even though AIDS has been affecting our lives for over a decade, a great deal of silence about it continues in our churches and communities. The discussion process may give some people a chance to "come out" as PLWAs or as loved ones of PLWAs.

If your church decides to write a Covenant to Care statement, choose a process the group is comfortable with. Someone might record ideas from a larger group, and then give them to a smaller group that does the writing. Another way, especially if your group is already small, is to write the statement as a group and then give it to one person to edit. A third way is to choose an existing statement and alter it to suit your church's goals. Keep in mind that the statement will not only be used as a guiding document in your Covenant to Care program, but will also be read by others who are not members of your church. (Of course, you can always revise or update the statement as needed.)

Your statement may be long or short, specific or general. Here is a short statement adopted by Fairlington United Methodist Church of Alexandria, Virginia:

Fairlington United Methodist Church is a Christian community that seeks to bring peace to a broken world and healing to our neighbors in need. We seek to affirm God's love for all who have been touched by the HIV/AIDS epidemic. The mission of the Fairlington UMC AIDS Ministry is to educate our community about HIV/AIDS, to reduce the fears and prejudices that surround the disease, and to provide direct services to meet the needs of those who are living with HIV/AIDS.

The following longer statement was adopted by Avis United Methodist Church, Avis, Pennsylvania:

To be the church means to be those believers in Christ who are "called out" from society to be different. Being different means that in all we say, do, and think, we demonstrate our love for God and one another. Christ commands us to love one another as he has loved us. He calls us to lives of compassion and service to carry on the work of righteousness.

As members of the Avis United Methodist Church, we covenant to be the church to each other, to offer hospitality to all persons, and build an intentional faith relationship

which is open to the spirit, rooted in Biblical faith, and grounded in United Methodist tradition. We expect all members to be part of the ministry of all Christians.

We recognize that we are all needy, sharing our brokenness in a broken world. We all seek a healing faith with one another. When we gather at the Table of our Lord, we welcome the whole realm of God's fellowship, recognizing that even in our individual brokenness there is no division in Christ. We are all accepted and one.

In this spirit, the Avis United Methodist Church welcomes into our congregation anyone who has tested positive for the HIV virus, persons living with AIDS, and their families and loved ones. We recognize the gifts and strengths people with AIDS bring to our fellowship. In addition, we hope that this witness will help our society overcome its divisions, fears, and prejudices.

In the name of Jesus Christ, all are welcome at Avis United Methodist Church.

Some congregations include goals for action in their statements.

Once a statement has been adopted, let your community know about your Covenant to Care:

1. Send news releases to your secular news media and your church, district, and conference newspaper/newsletters. Be an example to others.
2. Post your statement in a prominent place where people can see it when they enter your church.
3. Send a copy of your statement along with information about your congregation's caring HIV ministry to the HIV/AIDS Ministries Network Office so that your story may be shared with others in the network.

MOVING ON WITH PROGRAMS

Don't stop with writing a statement of openness and hospitality. Put it into action. Plan programs. Reach out. Take steps that are appropriate to your congregation. Faith United Methodist Church, a Covenant to Care church in Los Angeles, California, reports that it

initiated a ministry with PLWAs in 1988 after the pastor challenged the congregation to do outreach ministry that made a difference. Before the Administrative Council approved this program, AIDS had often been mentioned from the pulpit. In addition, the church had had three years of annual programs giving special emphasis to AIDS education. When the program was formally approved, the first step taken was a needs assessment of the community, from which further steps grew. (See pages 71–72 for a detailed description of the process followed by Faith United Methodist Church.)

Even before starting something as formal as a focus group, you might begin a ministry by offering weekly prayers in Sunday worship for persons touched by AIDS. Do not underestimate the power of prayer. It is also an important way of saying, "This congregation cares." Remember in prayer the loved ones of PLWAs and those who provide care, including doctors, nurses, other health professionals, and volunteers who work with PLWAs. If your congregation has a "prayer chain" or prayer group, pass on prayer requests to these groups. Individual prayers with a person who has HIV/AIDS can provide strength and comfort.

You might consider participating in denominational, ecumenical, and interfaith services of prayer and healing. The location of such services is often rotated among the cooperating congregations. Since AIDS affects families from all religious backgrounds, shared services of prayer and concern offer unlimited opportunities for all the people of God to come together in ministry, prayer, and giving thanks.

To provide HIV/AIDS education for all the members of your congregation is no small task. Many individuals, including teen and adult churchgoers, are in denial or misinformed about activities that put them at risk for HIV/AIDS. Churches need to make sure their members and the broader community have factual information about HIV/AIDS—how people can get it, can't get it, and can avoid getting it.

Observe World AIDS Day, which is always December 1. On the first Sunday in December, incorporate World AIDS Day into the theme of worship. The United Methodist Church, the United Nations, and a number of other groups provide resources for World AIDS Day. Be creative! In upstate New York, one group decorated a beautiful AIDS ribbon Christmas tree that was shown at a tree festival and used at an ecumenical worship service in Glens Falls. Large velvet ribbons, each representing 1,000 cases of AIDS in New York State, were placed on the tree, along with doves and a star. Other groups have used various symbols on trees to commemorate PLWAs.

No matter how many members your congregation has or how large or small your budget, your church can make a difference. Do not underestimate what you can do. You can be in compassionate ministry with PLWAs and their loved ones. (See pages 59–61 for lists of ideas for congregational action.)

Portions of this chapter were excerpted and adapted from an article by Cathie Lyons on the Covenant to Care Program in the HIV/Ministries Network's Focus Paper #6.

Notes

1. From The United Methodist Church's Resolution "AIDS and the Healing Ministry of the Church," *The Book of Resolutions 1992* (Nashville: Abingdon Press, 1992), pp. 115-120.
2. If you do not know what AIDS service organizations exist in your area, contact:

HIV/AIDS Ministries Network
Health and Welfare Ministries
General Board of Global Ministries
The United Methodist Church
475 Riverside Drive, Room 350
New York, NY 10115
Phone: 212-870-3871; Fax: 212-749-2641
Internet: aidsmin@gbgm-umc.org

Someone will use the network's directories and other information services to help you locate organizations and programs in your area.

ONE MODEL OF THE COVENANT TO CARE PROCESS

The following material illustrates the steps that First United Methodist Church of Lancaster, Ohio, took in becoming a Covenant to Care congregation. The proposal that went to the Administrative Board was a result of a several-month process that included naming of an HIV/AIDS focus group by the Council of Ministries. The focus group then engaged in a process of self-education, which led to a series of presentations in the worship hour. The group gave an invitation to members of the congregation to come to one of its "listening posts," during which they could ask questions of the focus group and also pick up reading materials on HIV/AIDS. Based on its experience at the listening posts, the focus group recommended to the Council on Ministries that First United Methodist Church become a Covenant to Care congregation. The proposal then went to the Administrative Board, and the work of the church has developed.

By mid-1994, the church had held three multiple-session educational events on HIV/AIDS. One was for leaders of youth ministries, staff, and any member of the congregation who wished to attend. The second was for youth and their parents. The third was aimed at parents of the children in the church school.

The congregation assigned the Church and Society Ministry Area to do the administrative and programmatic part of the plan. One of the first things that this group did was to place Covenant to Care posters around the city, in the local hospital, and in doctors' offices.

On September 24, 1993, the *Lancaster Eagle-Gazette* featured a spread on the congregation's ministry, including full-color photos. Dawn Springer, a woman with AIDS, told the newspaper that she thought the church was doing a great thing. "My biggest letdown up to now has been the Christian community," she said. "They have been, by far, the most discriminatory."

The Rev. Brooks Heck, pastor of First United Methodist Church, was quoted as saying that all persons with HIV and AIDS are welcome to worship at his church. "I met one person with AIDS who was told by their minister that their church 'no longer has anything to offer you,'" Heck said. "I was astounded."

The effectiveness of this story shows how important it is to spread the word about Covenant to Care congregations through local newspapers.

HIV/AIDS MINISTRY APPROVED BY FIRST UNITED METHODIST CHURCH

Being sensitive to the biblical mandate to reach out to people with needs, the Council on Ministries and the Administrative Board of First United Methodist Church approved the formation of a ministry for persons and families living with HIV/AIDS. The ministry is offered to everyone, but focuses on the Lancaster and Fairfield County community.

The development of the HIV/AIDS ministry began in January of 1993 with an inquiry into the need for such a program in the community. The inquiry was substantiated through information available from the Fairfield County Board of Health and the Fairfield County AIDS Task Force. Based on the need, the Council on Ministries designed an inquiry process for First United Methodist Church. Over a two-month period, every ministry area and group of the church was asked to comment on the idea of the church's developing an HIV/AIDS ministry. The overwhelming response from the church's 25 ministry areas and groups was that the Council on Ministries should proceed to develop a plan for ministry and that the plan should include a strong educational component for the congregation to build awareness of HIV/AIDS.

An HIV/AIDS focus group was formed by the Council on Ministries. During its first meeting on May 23, 1993, a mission statement was developed for the HIV/AIDS ministry.

MISSION STATEMENT FOR HIV/AIDS MINISTRY

The mission of the HIV/AIDS ministry focus group is:

1. To create an opportunity for the members and friends of First United Methodist Church to receive accurate information, dispel myths, and reduce their fear regarding HIV/AIDS.
2. To provide a welcoming, supportive environment where people concerned about and/or affected by HIV/AIDS may receive spiritual support and personal affirmation.

The mission statement guided the discussions of the HIV/AIDS focus group and led to the following decisions:

1. First United Methodist Church would follow the guidance of the 1988 General Conference of The United Methodist Church as it affiliates with the denominational ministry known as AIDS: A Covenant to Care. (Additional literature on the denominational ministry was to be made available at the literature racks and the lay ministry tables.)
2. First United Methodist Church would provide space as requested for support groups to meet. These groups would be for persons and families living with HIV/AIDS. The support groups would be led by a facilitator trained by the Fairfield County AIDS Task Force.
3. First United Methodist Church would provide a three-session (six-hour) education component on HIV/AIDS.
4. First United Methodist Church would continue to explore ways to provide service and ministry for persons and families of the Lancaster community and Fairfield County who are living with HIV/AIDS.

Comments and suggestions were welcomed by members of the HIV/AIDS focus group, chairpersons of the Council on Ministries and

Administrative Board, and the pastors and members of the church staff. It was made plain that meaningful ministry needs the participation and suggestions of all who wish to be involved.

Gratitude was expressed to the HIV/AIDS focus group that served so willingly in the development of the HIV/AIDS ministry. All but one of the 10 focus group persons is a member of First United Methodist Church.

PROPOSAL FROM THE HIV/AIDS FOCUS GROUP TO THE ADMINISTRATIVE BOARD AUGUST 16, 1993

The following proposals were developed by the HIV/AIDS focus group in its July 25 session and were presented as recommendations to the Council on Ministries of First United Methodist Church on August 2. The Council on Ministries approved the recommendations unanimously and then offered them to the Administrative Board for final approval.

1. That the education component be adopted and that First United Methodist Church identify itself as a congregation committed to the "Covenant to Care" ministry of The United Methodist Church.
2. That the Rising House of First United Methodist Church be made available to the Fairfield County AIDS task force as a meeting place of support groups for persons and families living with HIV and AIDS. The Board of Trustees approved this recommendation in its meeting on August 10.
3. That an introductory process was to be presented to the congregation regarding the HIV/AIDS ministry of the church. This introduction was to include the following steps:
 - a. A three-week presentation was to be made during worship by members of the HIV/AIDS task force regarding the ministry that the church desired to begin. Dr. John Sprouse was to moderate these

presentations on August 22, August 29, and September 5.

- b. A three-week "listening post" opportunity, was to be staffed by members of the HIV/AIDS task force. The "listening post" locations were to be the church library and church financial office following worship services on August 22, August 29, and September 5.
- c. An article of presentation regarding the HIV/AIDS ministry was to be prepared for the earliest possible issue of the *Circuit Rider* newsletter.
- d. An article was to be prepared for the insert pages of the Sunday worship folder on August 22, August 29, and September 5.
- e. An article was to be prepared for the *Eagle-Gazette* regarding the HIV/AIDS ministry of First United Methodist Church. This article seemed timely in light of a series of articles offered in the newspaper's Accent Pages on the subject of HIV/AIDS, including the church response to HIV/AIDS. These articles were

syndicated and an example of a local application might be welcomed by the newspaper. The *Eagle-Gazette* article could be duplicated for *The West Ohio News*, a frequent publication of the West Ohio Conference containing news about the churches of the conference.

- f. An announcement of the education component and the opportunity to enroll in the classes on the dates indicated was to be made within one week after the final approval of the HIV/AIDS ministry proposal. The classes were to be conducted in two pilot models. The first model, scheduled for late September/early October, was to include church staff, Sunday school staff, youth staff, and members of the congregation. There were to be as many settings for this model as would be required to limit class size to 25-30 persons.

The second model was to take place in mid-November for youth staff (a second time for them) and the youth of the church.

Chapter 3

RELEARNING THE MEANING OF HOLINESS: THE ROLE OF THE CHURCH IN HIV/AIDS MINISTRIES

by Cathie Lyons and Nancy A. Carter

Becoming a Covenant to Care congregation signifies that a congregation is willing to demonstrate what it means to be the people of God, reaching out with unconditional and unmeasured love and offering hospitality to all persons affected by HIV/AIDS.

For most of us, hospitality is a word about comfort, security and refreshment, first of all at the physical level. Usually our images will include other people: family, friends, or kindly strangers who extend just the right amount of welcoming. For hospitality is also a matter of human exchanges that restore the spirit. In addition, the word may suggest a place of rest from our labors and journeys, a place that is not our home but nevertheless enables us to feel at home.¹

—John Koenig

The human tragedy of HIV/AIDS is, in some ways, no greater than the human tragedy of Alzheimer's disease, terminal cancer, disabling stroke, alcoholism, or the futile search for a transplant organ. In other ways, however, the manifold realities of AIDS are different. The stigmas associated with HIV—the rejection and the discrimination which too frequently accompany a diagnosis—make the AIDS experience different. Individuals with HIV/AIDS and their loved ones often find themselves in a netherworld of condemnation and fear.

AIDS is a classic reminder that human beings' response to illness and affliction often emerges from deeply rooted social and religious beliefs. These beliefs influence attitudes toward PLWAs and decisions made by church and society. Certain troubling social and religious attitudes are similar to penal views toward disease and affliction that most held in Israel during Jesus' time. That illness was a punishment was not the

only perspective in Jewish tradition, however. For example, theologian Morton Kelsey, in his book *Healing and Christianity*, describes two different biblical perspectives on disease and healing, only one of which regarded disease as punishment for sin. As Jesus confronted those who judged and excluded people who were sick, he drew from the second Jewish view of disease mentioned by Kelsey.

ATTITUDES TOWARD SICKNESS, SIN, AND HEALING

According to Morton Kelsey, the theology of disease that dominates the Hebrew scriptures (Old Testament) is summed up in Deuteronomy 32:39, where Moses speaks God's words:

""See now that I, even I, am he; there is no god besides me. I kill and I make alive; I

wound and I heal; and no one can deliver from my hand."¹¹

Kelsey observes that, in this view, "God, the giver of all good things, was seen equally as the dispenser of misfortune and pain, including sickness of all kinds."¹²

From this assumption about God's nature can come the idea that if a person is sick or physically challenged, then God, who can either heal or harm, must be punishing her or him for sin. If sickness is caused by sin, then usually the proper response is repentance, according to this view. Sometimes repentance is demanded of the one who is sick, sometimes of another, such as a sick child's parents or of the ruler of a nation. Jesus' disciples reflected this penal view of sickness and disability in John 9, when they asked, "Rabbi, who sinned, this man or his parents? Why was this man born blind?"

Jesus did not accept the prevailing idea about the relationship of sin and affliction. He asserted to people of faith that the important thing was not *how*, or even *whether*, the man or his parents sinned. The important thing was that in the midst of illness and affliction, God's transforming power is at work. God's love is present with the sufferer.

Jesus' gracious response exemplified a tradition revealed in certain healing stories, in some of the Psalms, in the hopes of certain passages of Isaiah, and in the gigantic protest of the book of Job.¹³ The Elijah-Elisha narratives contain two stories of healing a child, where neither the child nor its mother is said to be sinful. Rather each mother is a model of hospitality, and the healings reflect acts of God's compassion and power (1 Kings 17: 8-23; 2 Kings 4:8-37).

For the most part, Jesus focused on the primacy of God's presence, power, and activity in the midst of human suffering. Some psalms reflect this idea of God: Psalm 103 affirms that God's steadfast love is most important and that God removes transgressions and does not punish according to sin; Psalm 121 stresses God's protection; and Psalm 147 speaks of God's healing the downtrodden and oppressed,

implying that their state was not God's will or doing.

Jesus called for his followers to be like God—a helpful and healing presence. For example, the parable of the sheep and the goats recorded in Matthew 25 clearly states that the faithful should visit the sick, not victimize the sick. The parable of the good Samaritan in Luke 10 conveys a similar message.

In contrast to Jesus' teachings, some statements made by a few religious leaders have expressed the conviction that AIDS is a sign of God's wrath, a punishment of "sinful people." Jesus taught that illness should be seen as an opportunity to experience not only God's gracious love and mercy but also the care and compassion of God's faithful people.

PURITY AND HOLINESS; HOSPITALITY AND HOLINESS; REMOVING THE BARRIERS

According to most of the gospels, Jesus challenged certain distinctions between what the dominant Jewish tradition considered holy and unholy, particularly categories based on Israel's purity laws. Matthew, Mark, and John reveal Jesus' conflict with the purity laws, Matthew and John making some of the most radical statements. Luke, however, generally shows Jesus as following the purity laws, except in the case of healing a person with leprosy.

The largest collections of the purity laws are in Leviticus 11–16 (the Purity Code) and 17–26 (the Holiness Code). Biblical professor L. William Countryman observes, "God's holiness, for the authors of Leviticus, means wholeness and completeness, not only in God but in God's creation. A priest, for example, even though duly entitled to the priesthood by descent, may not officiate in that capacity if he suffers from any 'blemish.'¹⁴

Such codes separated the "clean" from "unclean" along a continuum. Ordinarily the most pure, holy, and clean were priests and Levites. At the other end of the purity spectrum was the person with leprosy. Whereas priests

could enter the most sacred areas of the temple, the Holy Place of God, persons with leprosy could not even enter the temple courtyard.

Jesus' healing of persons with leprosy was a public violation of the purity codes, breaking down barriers between clean and unclean.

When Jesus touched the man with leprosy, he showed that, in the Household of God, the holiest acts are not acts of judgment and separation but acts of grace and engagement:

"for I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me." (Matthew 25:35-36)

Purity laws were based on the conviction that, because God was holy, God's chosen people were to be holy also.⁵ Jesus reframed the concept of "holy," drawing on traditions related to hospitality. For Jesus, holiness no longer meant being set apart but loving God, neighbor, and self; doing good; showing mercy; and performing acts of righteousness (justice).

In the Scriptures, actions of love and justice were often attached to stories and sayings about hospitality. Jesus's words and works reveal that hospitality is to take priority over purity. For example, while sitting at table with so-called unclean "tax collectors and sinners," Jesus told those who questioned his action, "Go and learn what this means, 'I desire mercy, not sacrifice.'" (Matthew 9:13). Jesus' acts of mercy and kindness were commissioned not by a wrathful God but a loving, forgiving God.

Certain types of holiness associated with ritual acts were not enough. He said, "'Woe to you, scribes and Pharisees, hypocrites! For you tithe mint, dill, and cumin, and have neglected the weightier matters of the law: justice and mercy and faith. It is these you ought to have practiced without neglecting the others.'" (Matthew 23:23)

For Jesus, holiness included entering the lives of others, taking on the suffering of others, associating with people who were meek, lowly, despised, and even unclean. Jesus' holy, healing touch was the touch of inclusion and

participation. His touch said, "You belong; be not ashamed; be not afraid. There is nothing—no manner of suffering or affliction, no state of being—that can separate you from God's love."

A CALL TO COMMITMENT

AIDS is a global pandemic. Today, in every region of the world, persons of faith are confronted with the awesome reality of Acquired Immune Deficiency Syndrome.

Many individuals, families, and whole communities live in fear of HIV and even of PLWAs. They fear both infection and the images of death, sexuality, and drug use associated with AIDS. Some also cling to the same socio-religious views about illness and affliction that prevailed in Jesus' day, somehow considering PLWAs to be judged by God—sinners who should be separated from society, even quarantined.

As people of faith, we are called to commit ourselves to walk in the way of Jesus. The following are some ways the gospel would have us respond to HIV/AIDS:

1. We must relearn and hold fast to the meaning of holiness exemplified by Jesus' life and ministry. Let us reclaim the kind of holiness that is measured and defined not by the distance kept from those thought to be unclean but by holiness that comes close and even touches.
2. In keeping with The United Methodist Church's Resolution "AIDS and the Healing Ministry of the Church,"⁶ we must work to make our churches and communities places of hospitality for PLWAs and their loved ones. Our congregations can proclaim, "If you have HIV/AIDS or if you are a loved one of a person who has HIV/AIDS, you are welcome here."
3. As Christians living in Jesus' example, we are called to break down attitudinal and structural barriers that deny persons living with HIV/AIDS needed services, treatments, and accommodations. (See pp. 57–73 for ideas.)

INTO SUCH A WORLD

In the world where Jesus walked and talked, preached and healed, most people accepted that illness and affliction were God's punishment for wrongdoing. Boundaries existed to counter contagion and the fear of it, to protect and separate the holy from the unholy, the "clean" from the "unclean." Stigmatized as the one in whom impurity ruled, the person with leprosy was most feared, the one to be announced by the words, "Unclean, unclean!"

Into such a world Jesus came and touched not only the man with leprosy but an entire society. He brought an image of holiness defined not by its distance from what was considered to be unclean but by its proximity to it. In a world so divided and separated within itself, Jesus appeared and restored human community with the touch of a hand. Into a world fascinated with the notion of affliction's sinful cause, Jesus entered and showed illness and affliction as opportunities to experience God's compassion and love. Into a world that judged some as sinners and made outcasts of others, came this man Jesus who, in forgiving sin and in healing the sick, gave a preview of God's more just and merciful household.

Now, into our world, so technological, scientific, and different from the one of biblical times and yet so similar in terms of human hopes and fears, comes the Divine Healer with the same gospel message of compassion, love, forgiveness, and justice. In this contemporary world, Jesus invites us to be part of the household of God as we, in turn, offer hospitality to all who need it, including people with HIV/AIDS and their loved ones.

Notes

1. John Koenig, *New Testament Hospitality: Partnership with Strangers as Promise and Mission* (Philadelphia: Fortress Press, 1985), p. 1.

2. Morton Kelsey, *Healing and Christianity: In Ancient Thought and Modern Times* (New York: Harper & Row, 1973), p. 34.

Kelsey lists these scriptures as examples of the viewpoint that God is the source of disease and uses it for punishment: Genesis 12:17; 19:11; Exodus 4:6-11; Leviticus 26:16, 25; 28:27-29; Deuteronomy 28:22, 59-61; 32:39; Psalms 6, 22, 38, 39, 88, 78, 101, 102, 106; Isaiah 45:7; and Amos 3:6. Kelsey notes that, within this tradition are also examples of God inflicting disease for no apparent moral reason: Genesis 32:32; Exodus 4:24-26; 2 Samuel 6:7-10, 2 Chronicles 13:10-13; 2 Kings 6:18-20.

3. Kelsey, p. 42.

4. L. William Countryman, *Dirt, Greed & Sex: Sexual Ethics in the New Testament and Their Implications for Today* (Philadelphia: Fortress Press, 1990) p. 25.

5. Countryman says:

"The [Purity Code] is concerned primarily with those aspects of uncleanness which call for some rite of purification [and have] historical consequences of uncleanness for the people at large. It offers remedies to restore those polluted to the normal state of cleanness. The Holiness Code holds up the ideal of an absolute separation between Israel and all that is unclean and utters a No to uncleanness so absolute that it is often enforced through the execution or the cutting off of the polluted" (p. 21).

6. See pp. 76-78 for a copy of this resolution.

Chapter 4

CHICKEN AND BISCUITS AND MORE: OFFERING CHRISTIAN HOSPITALITY

At the United Methodist National Consultation on AIDS Ministries in 1987, George Clark III, a PLWA, walked to the mike. In a soft voice and thought-filled manner, he asked: "Would I be welcome in your local church, in your annual conference?"

Let mutual love continue. Do not neglect to show hospitality to strangers, for by doing that some have entertained angels without knowing it. Remember those who are in prison, as though you were in prison with them; those who are being tortured, as though you yourselves were being tortured. (Hebrews 13:1-3)

When I was a child growing up in the Midwest in the 1950s, I associated the word "hospitality" with chicken and biscuits and a geographical area of the United States, the South. I think that just about the only time I ever heard the word "hospitality," it was joined in the adjective "southern" as in "southern hospitality."

"Chicken and biscuits" was not just a southern dish to me, however. I knew of a tradition of "chicken on Sunday" after church. In addition, I associated chicken and biscuits with visits to my grandmothers' homes. They, of course, gave hospitality when we visited them, but I didn't connect the word "hospitality" to the visits. I only knew that I liked chicken and biscuits, mashed potatoes and gravy, and apple pie, cherry pie, or even pumpkin pie.

Hospitality is not a modern concept. It has been an important value in many places and eras, including the Middle East during biblical times. Hospitality has had a long history in the Middle East. The Scriptures, from Genesis through Revelation, reveal how important hospitality was to the faithful people of Israel.

Showing Christian hospitality is a key goal for congregational ministry with PLWAs and their

loved ones. Covenant to Care congregations reach out and embrace friends, family, and also "strangers"; they do not pull away or push away. A Bible study on some scriptures related to hospitality and its meaning for faithful living can help inspire congregations to be more hospitable.

BIBLICAL HOSPITALITY: SOME MEANINGS

In the Bible, the word for "hospitality" is used only in the original Greek scriptures. The word, *philoxenia* (fil-ah-zeen-ee-a), if translated literally, does not mean "chicken and biscuits," however! Many might be surprised that the Greek word for hospitality means "love of strangers."¹ We recognize *philo*, the first part of the word, because of our word "Philadelphia," the city of brotherly and sisterly love. The second part of *philoxenia* can be recognized in the first part of our word "xenophobia." Xenophobia is derived from two Greek words meaning "stranger" and "fear." Xenophobia, fear of strangers, is the opposite of *philoxenia*.

Certainly sharing food and giving shelter were a part of hospitality in ancient times, as they still are. However, Biblical hospitality, as is suggested in the translation of the Greek word *philoxenia*, also involved welcoming strangers. Henri J. M. Nouwen, a popular writer on spirituality in everyday life, says:

Old and New Testament Stories not only show how serious our obligation is to welcome the stranger in our home, but they also tell us that guests are carrying precious gifts with them, which they are eager to reveal to a receptive host.²

Today in the United States, at least, most people probably do not think of hospitality as being about welcoming or loving strangers.

In the Bible, the table, the banquet, the feast, the host/hostess, the divine visitor who appears as a stranger, and the "open house" are important symbols of hospitality. Some of the exemplary biblical hosts include Abraham and Sarah; Ruth; Rahab; Joseph, the father of Jesus; the woman who enters an assembly of men and shows hospitality to Jesus; the Good Samaritan; the father who welcomes home his son who has been prodigal; the "sheep" who are separated from the "goats" at the Last Judgment; the couple walking the road to Emmaus on the first Easter; and Jesus himself. In many scriptures, especially certain psalms, God is also portrayed as hospitable.

Biblical hosts show "love of strangers" by making sure that their guests have food, drink, clothing, shelter, and/or respect. When at table, rather than chicken and biscuits, however, hosts serve lamb, calves' meat, bread, fruit, and wine—foods of their culture.

Giving hospitality is more than serving invited or uninvited guests. Food, drink, clothing, shelter, and respect are basic necessities of life. When some individuals or groups lack these necessities, justice is not fully present in society. To address lack of justice in biblical times, laws were created in Israel to help strangers, widows, and orphans, some of the most vulnerable people in society—people Jesus would have called "the least of these." For example, Exodus

records this command: "You shall not wrong or oppress a resident alien, for you were aliens in the land of Egypt. You shall not abuse any widow or orphan. If you do abuse them, when they cry out to me, I will surely heed their cry" (22:21-23). Biblical scholar Terence E. Frethem has noted that "outcry" language is often associated with the plea of the oppressed (Genesis 4:10, 18:20, 19:13, 27:34; Exodus 2:23, 3:7, 9)³. In scriptural passages such as these, concepts of hospitality and justice are linked. Likewise, in many stories of hospitality, a concern for justice (righteousness) is also present. Indeed, sometimes the two are almost equated.

Hospitality has its opposite, xenophobia. In the scriptures, lack of hospitality can lead to divine judgment. Sodom and Gomorrah are destroyed because of their lack of hospitality, which is expressed as verbal and physical violence toward those they see as strangers. In the gospels, those who refuse to give hospitality to Jesus and his representatives are condemned to a fate worse than that of Sodom and Gomorrah, to eternal punishment (Matthew 10:5-15; 11:23-24; 25:31-46; Luke 10:1-16). A similar end awaits those who do not care for the "least of these" in society (Matthew 25).

HOSPITALITY IN THE BIBLE: AN OVERVIEW

The Bible contains references to a number of exemplary hosts. For instance, Hebrews 13:1-2, quoted at the beginning of this chapter, alludes to the stories of Abraham and Sarah (Genesis 18); Lot, his wife, and his daughters (Genesis 19); and Manoah and his wife (Judges 13). These people showed love to divine strangers.

Many of the stories "about hospitality in ancient Judaism centered around the figure of Abraham," who, by Jesus' day, was venerated as a model for hosts.⁴ Genesis 18 tells how Abraham and Sarah were blessed with a child after they welcomed divine strangers. Genesis 19 continues the theme of hospitality, with Lot welcoming the same strangers who visited

Abraham and Sarah. Lot is rewarded when he protects the divine visitors from the xenophobic mob of Sodom, symbol of extreme inhospitality.

Being hospitable is a divine attribute that humans can emulate. The Bible describes God as a gracious, loving, protective host (see Psalms 23, 27, 91). Psalm 23 shows God spreading out a table and filling the cup to overflowing. The figure of Wisdom (whose characteristics are identified with Jesus Christ in John 1 and other gospels) is portrayed in Proverbs as an ideal hostess. She builds a house, sets a bountiful table, and invites people to learn righteousness (justice) and respect for God (8:1–9:18) while feasting in her home. The gospels reveal Jesus as both an ideal host and an ideal guest. He, like Wisdom, issues a general invitation for people to become his guests and learn from him (Matthew 11:28–30). He welcomes all who accept his invitation and grieves for those who refuse (Matthew 23:37–39).

The image of Jesus breaking bread and offering thanks to God symbolizes hospitality. Jesus is so closely identified with this image that the couple from Emmaus who invite him into their house on the day of the resurrection do not recognize him until he sits down at table and breaks bread with them (Luke 24:28–35). At a welcoming table, strangers who are guests can become divine hosts.

DEVELOPMENT OF THE THEME OF HOSPITALITY

Throughout the historical unfolding of the Bible, the theme of hospitality grows, changing the definitions of neighbor and stranger, host and guest. Unexpected hosts and guests appear, challenging our notions of whom God welcomes and whom God finds hospitable. Ruth, an ancestor of Jesus, provides hospitality to Naomi and receives hospitality from Boaz. She is a Moabite, one of the ethnic groups rejected in older scriptures because of their lack of hospitality (Deuteronomy 23:3–6). Rahab, a prostitute who is also an ancestor of Jesus, is

rewarded with protection after she gives housing to Joshua and his men.

Ruth and Rahab, as unlikely hostesses, are precursors of the good Samaritan, a person from a despised group of people who exemplifies hospitality. The parable of the good Samaritan (Luke 10:25–37) describes hospitality in answer to a question, "Who is my neighbor?" In the context of the great commandment to love God, neighbor, and self, the parable teaches that those who reach out and help do God's will. It also implies that those who refuse to touch or to help, who cling to laws of purity and cultural prejudices, do not do as they should.

The parable of the sheep and the goats (Matthew 25:31–46) suggests that it is foolish to categorize persons as strangers or neighbors, as belonging or not belonging to God. Faithful people simply practice hospitality, particularly to those who are in need of food, drink, clothing, shelter, and respect. We are to treat the "least of these" with the utmost hospitality, as if they were the "greatest of these," says Jesus (25:45). We are to do what is righteous ourselves and not to judge others in terms of whether or not they deserve hospitality.

JOSEPH'S MINISTRY OF HOSPITALITY TO A DIVINE STRANGER

Joseph, the father of Jesus, is an example of a person who lived out the values of hospitality and justice that are held up in many scriptures. According to Matthew, Joseph, a righteous man, takes a Divine Stranger into his house (i.e., his family tree and his home). In Matthew's narrative, Joseph is the first person who must decide whether or not to welcome Jesus into his life.

Joseph first shows mercy by planning to divorce Mary quietly. Had he followed the strictest laws, Mary would have been killed, for Jewish law indicated that women who were believed to be sexually unfaithful should be stoned (Deuteronomy 22:20–29). His compassionate actions do not stop with a merciful interpretation of the written law,

however. Upon a direct revelation from God through a dream, Joseph goes beyond the written law and welcomes Mary as his wife. In so doing, Joseph makes Jesus "legitimate," a part of his house.

The law said that those born of an illicit union should not be admitted to the assembly of the LORD (Deuteronomy 23:3). Had Joseph not welcomed Jesus into his house of lineage, Immanuel ("God is with us") would have been blocked from entering God's house on earth (the formal worshiping community, the synagogue). How ironic it would have been if religious law had forbidden Immanuel, the very presence of God, to enter God's house. Congregations today may need to ask if they may be shutting their doors to divine visitations because of religious legalisms.

According to Matthew, the New Creation of God avoids judgmental/exclusionary ways of relating to people by offering an ethic of hospitality and justice. Formerly "unwelcome" people, such as women who had sex with persons who weren't their husbands and "illegitimate" children, were not to be treated poorly anymore, whether that meant capital punishment (in Mary's case) or exclusion from the religious congregation (in Jesus' case). God's House is an inclusive house, with many rooms for the unclean, Gentiles, women, tax collectors, persons with physical and emotional challenges, and others (Matthew 8:1–10:37). The "least of these" may really be God in disguise.

JESUS' MINISTRY OF HOSPITALITY

For Jesus, hospitality meant not only welcoming strangers, but also doing justice. His ideas were derived and expanded from similar concepts in Jewish scriptures and tradition.

One of the ways Jesus taught hospitality was through parables. In the parable of the two sons (Luke 15:11–32), the father shows hospitality to both sons, the one who has stayed with him and the one who has returned after wasting his inheritance on riotous living. He encourages the

older son, who is angry about the good treatment of his prodigal brother, to be hospitable, too. The host does not judge whether or not the guest is worthy to be loved and helped, but simply provides hospitality.

Another way Jesus taught hospitality was through his actions. Some Jewish leaders criticized him for eating with tax collectors and sinners (Matthew 9:10–13; 11:19; Mark 2:15–17; Luke 5:30–32; 7:34–40; 15:1–2). Simon, in whose home Jesus was a guest, suggested that Jesus would not have let a woman wash his feet with her hair had he known she was a sinner. Jesus, refusing to distance himself from the woman, said that she had been even more hospitable than Simon. "Therefore, I tell you, her sins, which were many, have been forgiven." (Luke 7:47)

HOSPITALITY THEN AND NOW

Hospitality involves making a commitment to righteous and just actions. "Hospitality calls us to be a community of faith and struggle that connects with those at the margin and celebrates the way God has called a diverse people, so that we may all share together at God's welcome table!"⁵ observes feminist theologian Letty M. Russell. Hospitality in its broadest sense is the basis upon which the Covenant to Care program is founded: "If you are a person living with AIDS or a loved one of a person living with AIDS, you are welcome here."

Hospitality, even when we are committed to a ministry of welcoming, can sometimes prove difficult. When living out a Covenant to Care, we may encounter diverse groups of people, some of whom we have had little or no contact with before. We may encounter people who will act out their anger in hurtful ways. Some of our fellow church members may feel a measure of hostility toward certain groups of people affected by HIV/AIDS. We may expect those whom we welcome into our church to be Mr. or Ms. Congeniality, only to discover they do not want to conform to our ideas of

congeniality. We may encounter people living in situations that seem or are overwhelming. It is therefore important to ground ourselves in love and openness.

Henri Nouwen has described one of the major spiritual movements in a Christian's life as a movement from hostility to hospitality. None of us is the perfect host or hostess, and some people who come into our doors may not be the perfect guests! The way we become more hospitable is to practice hospitality toward the real people God sends us. No one can be hospitable in isolation, for hospitality is a process that involves relationships.

Hospitality also involves risk. Today we worry that certain kinds of strangers may steal from us if we invite them into our home or our church. Some of our concern may have a basis in reality, particularly if we minister to persons who are actively addicted. In the earlier years of the AIDS crisis, churches offering free dinners to people with AIDS in New York City often served the dinners with flatware, china, and glasses. Doing so was an important statement to PLWAs, for it showed that the churches were not afraid of getting AIDS from the tableware. I was very moved when I visited such a church project in the mid-1980s. At that time, most of the people with AIDS who came to the church were middle and upper middle class gay men.

Later, more and more people who had acquired AIDS through drug abuse and who were still addicted came to these dinners. A few stole everything they could, including the dishes. For this reason, or simply for convenience, most churches in New York City today use paper and plastic to serve dinners. At one church that still uses china and flatware, the church "mothers" stand around the room and at the doors; under the women's watchful eyes, no one walks out with something stolen. Churches that serve dinners may have to adapt their way of doing ministry in order to continue their basic commitment to hospitality. Jesus' example, careful reading of the Scriptures, a community of committed lay and ordained

ministers who support each other, and revelation through the Holy Spirit can guide us through the process of developing the best ministry of hospitality for our time and place.

What will be our reward for welcoming people to our table? The Scripture indicates that by showing hospitality to PLWAs and their loved ones, we will be ministering to the presence of God. Most of the time we won't recognize we are entertaining Christ at the table, because Christ will appear as a stranger. Our reward for doing a ministry of hospitality will be that God will be with us, even when we don't know it. So we'd better be ready, because we never know who might come knocking on our door.

Notes

1. See Romans 12:13; Hebrews 13:2; 1 Timothy 3:2; and 1 Peter 4:9. The word for "hospitality" does not appear in the Hebrew scriptures (Old Testament), though hospitality is described as a righteous behavior in a number of places.

2. Henri J. M. Nouwen, *Reaching Out: The Three Movements of the Spiritual Life* (New York: Doubleday & Co., 1975).

3. See also Leviticus 19; Deuteronomy 24; Jeremiah 7:4-7, 24:1-5; Zechariah 7:8-10.

4. John Koenig, *New Testament Hospitality: Partnership with Strangers as Promise and Mission* (Philadelphia: Fortress Press, 1985), p. 15.

The gospels refer to Abraham's image of host when Jesus praises the centurion's faith and says that many will eat with Abraham, Isaac, and Jacob in God's realm (Matthew 8:11) and in the parable of the rich man and Lazarus (Luke 16:19-31).

5. Letty M. Russell, *Church in the Round: Feminist Interpretation of the Church* (Louisville, KY: Westminster/John Knox Press, 1993).

Part Two

PROGRAM IDEAS AND PLANS

This part of the manual includes program ideas for a six-session study course leading up to preparing a Covenant to Care statement. Suggestions are given for both a one-hour and a two-hour format. Feel free to adapt these ideas to your context.

You will see that each session has a long and a short program outline. The first assumes a time period of 60–90 minutes. The second assumes a time period of 30–45 minutes and conditions that may not be ideal, such as a space that is too limited to have people move among displays or a room where spirited interaction may disturb a class next door.

BASIC RESOURCES FOR ALL SESSIONS

The following is a list of basic resources that will help with the overall planning and presentation. To conserve space, they are listed here and will not always be repeated in the separate resource lists for each session.

Resources followed by an asterisk (*) are available from:

The Service Center
General Board of Global Ministries
7820 Reading Road, Caller No. 1800
Cincinnati, OH 45222-1800
Phone: 1-800-305-9857
Fax: 1-513-761-3722

Check the current *catalog* for up-to-date information on prices of material and postage and handling.

"Addresses and Phone Numbers of HIV/AIDS Organizations" (see Resource 11 on page 88).

*AIDS: A Covenant to Care.**

A statement to let it be known that your church welcomes people with HIV/AIDS. It is free except for postage and handling and can be ordered in two sizes: bulletin inserts (English #5072, Spanish #5074) and posters (English #5073, Spanish #5074).

The Holy Bible.

The Book of Resolutions of The United Methodist Church 1992 (Nashville: Abingdon Press, 1992).

Contains all of the current resolutions of The United Methodist Church, including those on HIV/AIDS. A new edition is published after each General Conference.

Brown, Patricia, and Todd Masman, *Meditation Resource for HIV and AIDS Ministries** (New York: General Board of Global Ministries, 1993).

Contains poems, stories, and meditations, many written by persons living with HIV/AIDS. It is designed to provide nurture, encouragement, and comfort. Order #1838. Price \$2.50.

Brown, Patricia, and Adele K. Wilcox, *Worship Resource for HIV & AIDS Ministries** (New York: General Board of Global Ministries, 1991).

A 42-page booklet of prayers, litanies, benedictions, and other worship resources. Order #1683 (English), #1828 (Spanish); Price \$2.50.

CAM: The Computerized AIDS Ministries Resources Network.

CAM is a bulletin board service (BBS) that will help those engaged in HIV/AIDS ministries to interact with one another. CAM carries all of Health and Welfare Ministries' HIV/AIDS Focus Papers, HIV/AIDS-related church resolutions and statements, worship resources, materials from the Centers for Disease Control (CDC), and much more. You can access CAM through your personal computer and modem by dialing 1-212-222-2135 or 1-800-542-592-5921. CAM is also accessible on the Internet through telnet, FTP, and the World Wide Web. CAM's domain address is hwbbs.gb-gm-umc.org. Its IP address for the Internet (necessary for some who do telnetting) is 198.139.157.121. See Resource 10 on page 84 for more information on CAM.

*Enabling AIDS Ministries** (New York: General Board of Global Ministries, 1990).

A brochure outlining the need for ministries with persons with HIV/AIDS and how churches can help. Order #5088 (English), #5092 (Spanish). Free except for postage and handling.

"Finding AIDS Resources on the Internet" (see Resource 10 on page 84).

HIV/AIDS Network Focus Papers.

To receive a copy of the latest Focus Paper on HIV/AIDS or an order form for other focus papers and for other departmentally produced resources, contact:

Health and Welfare Ministries
General Board of Global Ministries
475 Riverside Drive, Room 350
New York, NY 10115
Phone: 212-870-3909

The United Methodist Hymnal, (Nashville: Abingdon Press, 1989).

Unless otherwise noted, all of the hymn numbers cited in the worship suggestions are from this hymnal.

Who Will Break the Silence? Liturgical Resources for the Healing of AIDS (New York: The Balm in Gilead, 1995).

A collection of liturgical resources which were originally prepared for the second Annual Black Church National Day of Prayer for the Healing of AIDS on March 6, 1994. Order from the Balm in Gilead, Inc., P.O. Box 86, Lincolnton Station, New York, NY 10037.

SESSION 1

A COVENANT TO CARE: WHAT IS IT?

Longer Program Outline

Opening Hymn
Opening Prayer
Photos of People from around the World (optional)
Introduction to Covenant to Care and Faces of AIDS
Bible Reading
Hymn
Presentation or Vignette about Welcoming PLWAs
Discussion Questions and/or Activities
Closing Worship

Shorter Program Outline

Opening Prayer
Photos of People from Around the World (optional)
Introduction to Covenant to Care and Faces of AIDS
Bible Reading (Matthew 25:31–46)
Discussion Questions
Closing Worship

PURPOSES

- To introduce participants to Covenant to Care.
 - To raise awareness that persons living with HIV/AIDS are loved by God and need and deserve the caring ministry of the church.
2. At least one person should be ready to present basic information about the Covenant to Care program and hospitality in Part One. Indicate that this material is an introduction to Covenant to Care and that later sessions will explore it in more detail.
 3. If your church or another church nearby already welcomes PLWAs and their loved ones but has not formally become a Covenant to Care congregation, invite members of that congregation to give a personal testimony about Christian hospitality they have received or given. A good time for this would be in the context of exploring George Clark III's question of

PREPARATION

1. The leader(s) of this session should read the first part of this book. Focus on chapters 1 and 2, which introduce the Covenant to Care Program, Christian hospitality, and the faces of AIDS.

whether or not he would be welcome in your church. If your church has not had experience with welcoming PLWAs and their loved ones, you might ask some talented individuals to prepare and act out a vignette of hospitality.

Displays and Worship Center

If you want to have some displays or a worship center, here are some ideas.

1. Order the Covenant to Care poster (p. 23) from the Service Center and other AIDS-related posters from a local AIDS service agency or from the Centers for Disease Control AIDS Clearinghouse (p. 88) and post these.
2. Create a display of "faces" of people from around the world. These may be pictures cut out of magazines or posters or photographs. Incorporate the display into the part of the program that talks about the faces of AIDS or into the closing worship on the faces of AIDS.
3. Worship Center: Create an altar/display that emphasizes faces or compassionate ministry. Light a green candle for hope.

PROGRAM

Note: The symbol "L" in the following material stands for "Long Program" and "S" for "short program" as defined in the program outlines in the box.

Opening Hymn: (LS) Choose one of the following: "God, Whose Love Is Reigning O'er Us," #100; "O God, Our Help in Ages Past," #117; "The Care the Eagle Gives Her Young," #118; "Your Love, O God," #120; "God of the Sparrow, God of the Whale," #122; "O Come, O Come, Emmanuel," #211; "Lord, You Give the Great Commission," #584.

Opening Prayer: (LS) Invite someone to pray or pray yourself, either spontaneously or from a prayer you have written earlier.

Showing Photos of Faces of People from around the World (optional)

(L) This method can be used in two different ways. The first is a prepared display mounted on walls or on display boards. Invite people to look at the display as they come in and again later when it is time for discussion. Ask the question: "Who among all these people do you think has AIDS?" If the images were gathered generally, the answer would be, "We don't know. Maybe none of them, maybe some of them, maybe all of them. There are many faces of AIDS." Try to include photos of public figures or private individuals who have admitted that they have AIDS. Indicate who they are, with the same basic emphasis on the many faces of AIDS.

(S) The second way is easier and more adaptable to a shorter program. Find a half-dozen or more photos in newspapers and magazines and hold each one up, asking, "Is this a person with AIDS?" Afterward discuss people's reactions to this exercise.

Introduction to Covenant to Care and Faces of AIDS

(LS) Consult the preparatory material for ideas. End with George Clark II's question, "Would I be welcome...?"

Bible Reading: (L) Choose one or more of the following: Matthew 25:31–46; Luke 10:29–37; Romans 8:31–39; 1 Corinthians 13.

(S) Invite the group to read Matthew 25:31–46 out loud together. Make copies of this passage beforehand so that all will be reading from the same version. Be sure to have some copies in large print for those who may not be able to see small print very well.

Hymn: (L) Choose another hymn from the list of hymns above.

Presentation or Vignette about Welcoming PLWAs (L)

Discussion Questions and Activities (LS)

Choose one or more of the suggestions below according to your program plan and the makeup of the group.

1. Who are some of the people living with AIDS who have spoken of their disease in the media? Has media exposure fostered or hindered the perception that PLWAs are people first? (This question may be used with the photos segment.)

2. What is your image of people with AIDS? What are they like? How has your image of PLWAs changed over the years? Has it changed even today, after seeing and hearing the presentations? How so?

3. Tell a story about ministering with a PLWA. How was this experience for you? How do you think it was for the other person?

4. What do you think Matthew 25 is saying to Christians about HIV/AIDS ministry? Have you ever tried relating to people who have an illness as if they were the very Presence of God (the Christ)? What was the result? If you have not ministered in this way, what do you think the result would be if you treated those who are sick as if they were the Christ?

5. Group Activity: On a long sheet of newsprint or roll of paper tablecloth, draw the many faces of people with AIDS. If you like, you may use a cartoon style, with balloons in which your characters tell about who they are. Afterward talk about the people you drew and why you drew them. What was in your mind? How did you feel about the people you drew?

Closing Worship: (L) Follow the service pretty much as presented.

(S) Shorten the service as needed, using the closing group prayer as the minimum.

Hymn: "Lord, Whose Love through Humble Service," #581.

Reader 1: We have seen some of the faces of AIDS today. We have reflected on Jesus'

face-to-face ministry. We remember how he said that his followers must love God, others, and self in order to be recognized as the righteous ones of God. In the parable of the sheep and the goats in the Gospel of Matthew, Jesus says that both the just and the unjust ask, "Lord, when did we see thee hungry, thirsty, naked, sick...?"

(Read Matthew 25:34-40.)

Story: Tell the story of a congregation/individual who has seen the face of AIDS and responded in the tradition of Matthew 25.

Hymn: "Help Us Accept Each Other," #560.

Reader 2: In an attitude of meditation, let us close our eyes, become quiet, look, and listen inwardly. (*speak slowly and quietly*)

Take some time now to go in your mind's eye to a safe and comfortable place. Relax there. (*pause*)

Reflect on the ways the Christ has appeared to you in your life. (*pause*)

Can you see the face of the Christ? What does it look like? (*pause*)

How do you respond to the face of Christ? (*pause*)

Now look again. Can you see in Christ's face the many faces of people with AIDS? (*pause*)

Can you see the HIV-positive women, men, teenagers, girls, boys, babies? (*pause*)

People from all races and continents? (*pause*)

People from all economic backgrounds? (*pause*)

People from cities, suburbs, and the countryside? (*pause*)

How do you respond to the face of Christ? (*pause*)

What do you do? (*pause*)

What do you say? (*pause*)

What does Christ do or say? (*pause*)

Bid farewell now to Christ, saying any final words that you wish. Your farewell may take the form of a thank-you or a promise. Do whatever is comfortable for you. (*pause*)

Reader 1: Let us pray. Perhaps as you were looking at the face of Christ, thoughts came to your mind of persons for whom you would like to pray. Now you may speak your prayers out loud or pray silently to yourself. Please remember to respect the confidentiality of any who may have requested it.

(Accept prayers from the group and then pray.) May we see the face of Christ in all of the family of God. May people with HIV/AIDS know the love and acceptance Jesus has shown us and not be shunned by family, friends, and community. May persons with AIDS and their loved ones experience God's grace, not guilt and blame. May they be lifted up by the Holy Spirit of God, not pulled down by the weight of sickness, poverty, oppression, or depression. May all of us in this room, whether HIV-positive or HIV-negative, respond to God's call in our lives and show God's love and justice in our actions. **Amen.**

Group Prayer: We ask for God's guidance that we might respond in ways that bear witness always to Jesus' own compassionate ministry of healing and reconciliation; and that to this end we might love one another and care for one another with the same unmeasured and unconditional love that Jesus embodied.

Hymn: "Love Divine, All Loves Excelling," #384.

Reader 2: We go assured that nothing can separate us from the love of God. We are committed to loving one another as God has loved us. We seek to be the body of Christ, revealing God's love to the world. We are strengthened by the Holy Spirit as we go from this place. Go in peace.

RESOURCES

Key Resources in This Book for Session 1: Preface and Chapter 1, Resource 1.

Koenig, John, *New Testament Hospitality: Partnership with Strangers as Promise and Mission* (Philadelphia: Fortress Press, 1985).

Koenig examines the ministry of Jesus, Paul, and the Christian community in Luke-Acts and suggests that they acted as "God's guests and hosts on behalf of the world." Both hospitality and openness to strangers were crucial to the Christian lifestyle. His last chapter "Frontiers of Hospitality" mentions the AIDS crisis as a frontier.

Nouwen, Henri J. M., *Reaching Out: The Three Movements of the Spiritual Life* (New York: Doubleday & Co., 1975).

This book responds to the question: "What does it mean to live a life in the Spirit of Jesus Christ?" The three movements of the spiritual life are: "From Loneliness to Solitude," "From Hostility to Hospitality," "From Illusion to Prayer." Nouwen says, "When hostility is converted into hospitality, then fearful strangers can become guests revealing to their hosts the promise they are carrying with them" (p. 47).

Russell, Letty M., *Church in the Round: Feminist Interpretation of the Church* (Louisville: Westminster/John Knox Press, 1993).

This book provides a vision of the inclusive church, with all members sharing equally and fully around a common table of hospitality. Russell speaks of "the table principle...ways that God reaches out to include all those whom society and religion have declared outsiders and invites them to gather round God's table of hospitality."

Shelp, Earl, and Ronald H. Sunderland, *AIDS and the Church: The Second Decade*, revised and enlarged (Louisville, KY: Westminster/John Knox Press, 1992).

One of the best-known basic resources on AIDS and the church, this book can assist you in most of the sessions that you plan. It gives a biblical/theological basis for HIV/AIDS ministry, examples of AIDS ministries, and factual information about AIDS. The book also explores concepts of suffering, disease, and healing in the Bible. Available from Cokesbury: 1-800-679-1789.

SESSION 2

AIDS 101: LET'S LEARN THE FACTS!

Long Program Outline

Display: AIDS education materials on the wall and on the tables

Opening Hymn

Scripture Reading

Presentation by an AIDS-Knowledgeable Person or Showing of an AIDS Educational Video

Discussion Questions and Activities

Closing Prayer

Short Program Outline

Display: A Key AIDS education pamphlet or paper

(place the same one on participants' chairs before they arrive)

Scripture Reading

Presentation by an AIDS-Knowledgeable Person or a Quiz on AIDS facts

Discussion of AIDS Quiz and/or other Discussion Questions and Activities

Closing Prayer

PURPOSES

- To present the facts about how HIV is transmitted, how it manifests itself in those infected, and appropriate precautions to be taken individually and as a community.
 - To give information about local and national hotlines, organizations, and resources for those who need HIV/AIDS support.
2. If you cannot find an HIV/AIDS educator, borrow, rent, or purchase AIDS educational videos from the Red Cross, your local library, the CDC, your state AIDS task force or health department, your annual conference library, or EcuFilm. *Spread the Word* is an excellent educational video aimed at teens available from EcuFilm (800-251-4091). The United Church of Christ AIDS curriculum package has two videos, one of which is an AIDS 101 video.

PREPARATION

1. If no one in your congregation feels qualified to lead this session, invite a local HIV/AIDS educator, public health educator, Red Cross certified HIV/AIDS community educator, or church or interfaith AIDS task force member to come.
3. Another idea is to give a quiz about AIDS facts. According to the size and makeup of the group, you might ask people to answer the questions individually, or invite them to answer the questions in groups of two or three.

In this book, you will find enough information to construct a quiz in the Centers for Disease Control's (CDC) fact sheet (see Resource 2). Other sources may be a local HIV/AIDS or health organization, the CDC NAC hotline (listed under Resources for this chapter), library books, and the World Wide Web (WWW). The WWW has a number of nicely formatted documents that can be printed out and used as resources. Begin with these sources on the Web:

<http://hwbbbs.gbgm-umc.org>

Computerized AIDS Ministries' Home Page (Fast-Loading)

<http://gbgm-umc.org/CAM>

Computerized AIDS Ministries' Home Page (Full Graphics)

<http://gbgm-umc.org/programs/hiv/aids.html>

HIV/AIDS Ministries Network Home Page

<http://gpawww.who.ch/gpahome.htm>

WHO's Global Programme on AIDS

These pages all have links to other HIV/AIDS home pages. Information about HIV/AIDS on the WWW is extensive.

4. Order materials for the wall and table displays. Plan to have some of the materials in quantity so that people can take them home and read them. AIDS educational pamphlets, flyers, and posters are available from the CDC and area AIDS service or health organizations. Materials are available from CAM (pp. 85–86) and the CDC which can be downloaded through the Internet and then printed out and duplicated. The CDC also has a fax-back service. In addition, Part Three of this book, "Materials for Information and Duplication," has basic information that may be reproduced.

Displays and Worship Center

Obtain copies of AIDS educational pamphlets, posters, and cards. Display these on walls and on a table. When possible, make multiple copies available, so that people can

pick them up and take them home. You can also download materials from the CDC or from CAM, Health and Welfare Ministries HIV/AIDS Ministry BBS and print them out. CAM carries most of the CDC's AIDS prevention papers. Other materials to consider are Scriptographic pamphlets. (See Resources at the end of this session.)

For a worship center, consider a simple standing cross, an open Bible, a green candle of hope, and one or more red ribbons (symbol of solidarity with PLWAs). You can put the red ribbon on the candle, on the open Bible, or on the cross (as the Presbyterian AIDS Network has done with its emblem). If you put the red ribbon on the cross, some may react negatively, so be sure to explain the symbolism you intend to convey by doing this—that Christians need to be concerned about AIDS, that Jesus suffers with PLWAs, that the cross is a symbol of life conquering death, including death from HIV/AIDS-related causes.

PROGRAM

Note: The Symbol "L" in the following material stands for "Long Program" and "S" for "short program" as defined in the program outlines box.

Display of AIDS Education Materials on Walls, Tables, and/or Chairs (LS)

Opening Hymn: (L) Choose one of the following: "There's a Spirit in the Air," #192; "Send Your Word," #195; "This Is the Day," #657

Scripture Reading (LS)

Choose one of the following:

Psalm 23 God gives guidance, comfort, and hospitality

Matthew 9:35–10:1 Jesus has compassion on the crowds and sends out the disciples to heal

Luke 10:25–37 "Who is my neighbor?"

Presentation by an AIDS-Knowledgeable Person and/or Showing of an AIDS Educational Video and/or Quiz on AIDS Facts

Discussion about AIDS Quiz

Share the answers to the quiz with the group. It is probably best to avoid questions like "Who got all of the answers right?" Instead, ask the group what they learned from doing the quiz and what questions they have about the quiz or about AIDS.

Discussion Questions and Activities (LS)

1. What kinds of responsibilities does our congregation have regarding prevention education? What can we do to educate ourselves? What can we do to support age-appropriate comprehensive AIDS prevention education in our schools and community?
2. Abstinence from sex and injected drugs is the safest way to prevent AIDS. What if you had to give information about AIDS prevention to a person who cannot or will not abstain? Would you talk about "harm reduction" measures (such as using latex condoms during sex, reducing the number of sex partners, and refusing to share needles)? Why or why not?
3. A group of Christians gathered to learn about AIDS prevention. The educator presented material indicating that for a high percentage of women in the United States, the only risk factor is unprotected sex with a male with whom she is monogamous. One pastor said that the married men in his congregation were committed Christians and would be offended at the suggestion to use condoms, and that all of the unmarried people in his congregation who were committed Christians were not having sex. He saw no reason to educate either the men or the women about safer sex. Most would doubt that this was the reality in his congregation, but let's shift the focus to our congregation. Do we think all of the married couples in our congregation are monogamous and at little or no risk for infection with HIV, and that all who are

unmarried are not having sex? What should we do to respond to the realities of our own congregation?

Closing Prayer: (LS) This prayer may be spontaneous or taken from *Meditation Resource for HIV/AIDS*, *Worship Resource for HIV & AIDS Ministries*, or another appropriate source of worship materials.

RESOURCES

Key Resources in This Book for Session 2: Resource 1, Resource 2

Affirming Persons—Saving Lives.

A 1,000-page curriculum published by the United Church of Christ. It confronts the AIDS crisis in a context of "core Christian values: self-giving love, healthy self-esteem, and respect for others." The curriculum has lesson plans with factual information appropriate for each age group. The package includes two videos: "Learning about AIDS," a basic primer on HIV transmission and prevention; and "In the Day of Adversity," which tells the stories of several people living with HIV or AIDS. Available from United Church of Christ AIDS Ministry Office, 216-736-3271.

CDC National Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003.

The CDC National AIDS Clearinghouse is the Centers for Disease Control and Prevention's comprehensive reference, referral, and publications distribution service for HIV/AIDS information. To ask for a free copy of its catalog of materials, call 800-458-5231 (voice); 800-243-7012 (deaf access/TDD); 301-738-6616 (fax). CDC NAC and the CDC are also on the Internet. See information on pp. 86–87 on the variety of ways you can contact the CDC by computer and modem from an Internet service provider.

Corea, Gena, *The Invisible Epidemic: The Story of Women and AIDS* (New York: HarperCollins, 1992).

Describes how the neglect of women in the AIDS epidemic reflects their invisibility in society. The book traces the chronology of the epidemic related to women from 1981 to 1990.

Mann, Jonathan, Daniel J. M. Tarantola, and Thomas W. Netter, editors, *AIDS in the World: A Global Report* (Cambridge, MA: Harvard University Press, 1992).

Over 1,000 pages on the impact of the HIV pandemic, the global response, global vulnerability, and critical issues. This book projects that by the year 2000, 110 million adults and 10 million children may be infected. It examines AIDS and sexual

behavior, hypodermic drug use, and the impact of the media.

Scriptographic AIDS educational booklets.

Channing L. Bete has a number of low-cost booklets full of art and easy-to-read material for various age groups and cultures. Address: Channing L. Bete Co., Inc., South Deerfield, MA 01373. Phone: 800-628-7733.

Shilts, Randy, *And the Band Played On: Politics, People and the AIDS Epidemic* (New York: St. Martin's Press, 1987).

This book reveals the behind-the-scenes political history of the early years of the AIDS epidemic in the United States. Shilts died of HIV-related causes in 1993. A film has been made of this critically acclaimed book.

SESSION 3

BIBLICAL CONTEXT

Long Program Outline

Greeters at the Door
Invitation to Express the Idea of Hospitality in the Home, Church, and/or Society
(optional) through Art or Writing
Opening Hymn
Scripture Reading
Presentation of Information in Chapters 3 and 4 of This Book
Bible Study
Discussion Questions
List of Ideas from the Bible Useful as Guideposts for AIDS Ministry
Closing Prayer
Chicken and Biscuits Dinner (optional)

Short Program Outline

Greeters at the Door
Scripture Reading
Presentation of Information in Chapters 3 and 4 of This Book
Bible Study
Discussion Questions
List of Ideas from the Bible Useful as Guideposts for AIDS Ministry
Closing Prayer
Chicken and Biscuits Dinner (optional)

PURPOSES

- To explore the themes of holiness, hospitality, purity, and righteousness (justice) in selected passages of the Bible.
- To reflect on these themes and draw guidance for contemporary ministry in our local and global communities.

PREPARATION

1. A study of passages in the Bible about hospitality will provide a basis for HIV/AIDS ministry. See Scripture Passages for Study below. All of these cannot be covered in one session. If you are doing a Bible study of hospitality in a church school session, consider doing a four- to six-week series on hospitality in the Scriptures.

2. Greeters are always good to have, even for a small study group. To set the tone for the theme of hospitality, enlist greeters and/or ask the greeters to go out of their way to be especially welcoming. Food and drink may be served.
3. The program outline suggests doing artwork. If time is short, invite people to respond with "word images" of hospitality that may later be incorporated into prayer. Be sure to have art materials available.
4. The session leaders and others should read the following chapters: "Relearning the Meaning of Holiness" and "Chicken and Biscuits and More," noting important points for discussion.
5. Be sure to have extra Bibles on hand, along with a few biblical commentaries, dictionaries, and some of the resources mentioned in this book. Your group may choose to read, discuss, and/or dramatize a Scripture passage as it relates to AIDS ministry. A few general discussion questions are offered. You may need to create more, depending on the Scriptures examined.
6. Have a church dinner either before or after the study session. The menu should, of course, include chicken and biscuits and more!

Displays and Worship Center

Post pictures and other items that convey the idea of "home" or of Bible stories about "home".

The worship center can be a small table set with dishes, bread, water, and juice. If the group is small enough, you could have everyone sit at the table. The table is an important symbol of hospitality in the Bible.

PROGRAM

Note: The Symbol "L" in the following material stands for "Long Program" and "S" for "Short Program" as defined in the program outlines box.

Greeters at the Door (LS)

Invitation to Express the Idea of Hospitality in the Home, Church, and/or Society through Art or Writing (L)

The following precautions may be taken. (1) Let drawing be optional. If participants are uncomfortable with drawing, let them choose to write, just think, or choose an item from the display in the room that conveys "hospitality." (2) Since the word "hospitality" is closely linked to "home," this exercise may stir up unpleasant feelings in some people, especially if they have not felt welcomed or at home in their birth family, church, and/or society. Emphasize that no one is required to do or say anything, that anyone can decline to participate at any time and/or adapt the exercise to his or her needs.

Invite participants, if they feel comfortable, to share their creations with the group.

Opening Hymn: (L) Choose one of the following: "The Lord Is My Shepherd," #136; "In the Bleak Midwinter," #221; "When Jesus, the Healer, Passed through Galilee," #263; "On the Day of Resurrection," #309; "There Is a Balm in Gilead," #375; "O God Who Shaped Creation," #443; "Jesus, Our Friend and Brother," #659.

Scripture Reading: (LS)

Let mutual love continue. Do not neglect to show hospitality to strangers, for by doing that some have entertained angels without knowing it. Remember those who are in prison, as though you were in prison with them; those who are being tortured, as though you yourselves were being tortured. (Hebrews 13:1-3)

Presentation of Information in Chapters 3 and 4 of This Book (LS)

One or more persons should summarize the information in these chapters, particularly the ideas of holiness as engagement rather than separation and of hospitality as chicken and biscuits and more (the "more" being "justice" or "righteousness"). Other materials may be emphasized according to their relevance to the passages that the group will study.

Scripture Passages for Study (LS)

Choose passages according to time restraints and makeup of the group. Decide on whether the whole group will look at one passage or if small groups or individuals will look at one or several different passages and report back.

Genesis 18:1–19 Abraham's and Sarah's Hospitality

Genesis 18:20–19:23 Lot's Hospitality and Sodom's Inhospitality

Ruth A Story of Love and Hospitality

I Kings 17:8–24 A Widow's Hospitality Brings Resurrection

2 Kings 4:8–37 A Shunammite Woman's Hospitality Is Rewarded with the Birth of a Son

Psalms 23 The Hospitality of God

Matthew 1:18–2:16 Acts of Righteous Hospitality (Joseph and the Magi) are Contrasted with Acts of Unrighteous Hostility (Herod and Jerusalem)

Matthew 25:31–26:16 The Parable in which Sheep and Goats Represent Those Who are Hospitable and Those Who are Hostile to "The Least of These"; Jesus Receives Hospitality from a Woman

Luke 7:36–50 Jesus Praises a Woman's Hospitality and Tells of the Relationship of Forgiveness and Love

Luke 10:25–37 The Act of Hospitality of a Samaritan (a Member of a Group Despised by the Jews) Is Held Up As a Model

Luke 15:11–32 A Father Welcomes Home His Wayward Son and Chides His Other Son for Lack of Hospitality

Luke 24:13–35 Hospitality to a Stranger Brings Christ to the Table

Other Scriptures

These Scriptures are mentioned under "Hospitality" in *The Interpreter's Dictionary of the Bible*: Genesis 18:1–8, 19:1–11, 24:14–61; Judges 19:10–25; Matthew 8:20, 9:10; Mark 7:24, 14:3; Luke 7:36, 8:3, 9:52, 10:38, 14:1, 19:5; John 12:2; Acts 16:15, 18:27; Romans 15:26–27; 2 Corinthians 9:1–2; Hebrews 13:2; 1 Timothy 3:2; Titus 1:8; 1 Peter 4:9; 3 John 5 and 6. The article says that "Hospitality was the chief bond that brought the churches a sense of unity."

Discussion Questions (LS)

These may be done in the full group or in small groups.

1. What is the meaning of the Greek biblical word for hospitality (*philoxenia*)? Do the parts, *philo* and *xenia*, remind you of any words you know? Which ones?
2. How did the people in the passage you read show hospitality (or hostility)? Give examples of their actions. What happened after they were hospitable or hostile?
3. Is hospitality in this passage linked to a sense of justice (right relationship) with God, others, or self? How?
4. When you think of the word "holy," what comes to mind? Describe a holy person. How does the idea of holiness described in this book mesh with your ideas? Do the descriptions of holiness in this book make sense in terms of the story of Jesus and your experience with Christian ministry?
5. Do you see any relationship between the concept of holiness as described in Chapter 3 of this book and hospitality as described in Chapter 4? How are they similar? How are they different? How do they relate to justice (righteousness)?
6. Have you ever felt that you have "entertained an angel unaware"? Tell the story if you are comfortable about sharing it. Can you identify with any biblical person or character in a story or parable who was hospitable to a messenger from God?
7. What are some examples of how your church could offer biblical hospitality to people with HIV/AIDS and their loved ones today? What if we treated PLWAs as if they were Jesus himself (Matthew 25)?
8. What is your favorite Bible story about a person who offers hospitality? What are some of the things that the person does to help people feel welcome? How would that person relate to PLWAs and their loved ones if he or she were offering hospitality today?

List of Ideas from the Bible Useful as Guideposts for AIDS Ministry

Invite participants to share ideas/guidance from Bible stories that will help in planning some kind of HIV/AIDS Ministry. Write these on newsprint and keep them for use in any future planning sessions for becoming a Covenant to Care church.

Closing Prayer

Oh God, help us move away from any hostility that we may feel in our hearts to a lifestyle of true Christian hospitality. We thank you for the hosts and hostesses in the Bible who serve as examples of hospitality. Help us to welcome Jesus into our lives in whatever way or form he comes to our door. Teach us the way of holiness, so that we may move closer to the wholeness of your new creation. Help us to reach out to all of those who are created and loved by you, including people who have HIV or AIDS and their loved ones. Amen.

RESOURCES

Key Resources for Session 3: Chapters 1, 3, and 4.

Resources followed by an asterisk (*) are available from:

The Service Center
General Board of Global Ministries
7820 Reading Road, Caller No. 1800
Cincinnati, OH 45222-1800
Phone: 1-800-305-9857
Fax: 1-513-761-3722

Carter, Nancy A., and Leontine T. C. Kelly, *Jesus in the Gospel of Matthew: "Who Do You Say That I Am?"* (New York: Women's Division, General Board of Global Ministries, 1993).*

Looks at the Gospel of Matthew and the historical responses to Jesus' question. The last chapter describes contemporary contextual Christology. The concepts of "God's continuing presence," "Along the Paths

of Justice," "Wheat in the Fields; Bread on the Table" are especially helpful to Covenant to Care churches. Study guide included. Order #1853. Price \$2.95.

Countryman, L. William, *Dirt, Greed & Sex: Sexual Ethics in the New Testament and Their Implications for Today* (Philadelphia: Fortress Press, 1988).

Countryman discusses purity codes and property rights in the Bible and shows how biblical writers and others applied their ethics concerning sex, women, and children to these codes. He speaks of the AIDS crisis in his final chapter, "New Testament Sexual Ethics and Today's World."

Kelsey, Morton T., *Healing and Christianity in Ancient Thought and Modern Times* (New York: Harper & Row, 1973).

Looks at healing, illness, and disease in the Bible, pointing out different perspectives, including the one that Jesus did not regard illness as God's judgment. The book is written from a holistic healing viewpoint.

Ruskin, Cindy, and Matt Herron, *The Quilt: Stories from the NAMES Project* (New York: Simon & Schuster, 1988).

Pictures and stories of panels made for the AIDS Memorial Quilt.

Stasey, Bobbie, *Just Hold Me While I Cry* (Albuquerque: Elysian Hills, 1993).

A mother's life-enriching reflections on her family's journey through AIDS. She shares her feelings about the medical system, her son's homosexuality, and her fears and sources of strength. Out of her experience, she began a bereavement support group for those who have lost loved ones as a result of HIV/AIDS.

White, Ryan, and Marie Cunningham, *My Own Story*, a 1991 report (New York: Penguin Books, 1992).

The moving account of Ryan White, the United Methodist teenager who made the news when he insisted on going to school

after he was diagnosed as HIV-positive. *The New York Times* Book Review (May 12, 1991) said the book is "a powerful tale of Ryan White's life and death, of the news media's often losing struggle to cope with complex issues, of the growing power of celebrity, of a family's struggle to rise above a tragedy that is, after all, nearly beyond words." This edition, for ages 10 and up, contains an afterword on Ryan's death and his family's life after his death.

Videos

"Common Threads: Stories from the Quilt." Sale price about \$20.00.

A 79-minute color video narrated by Dustin Hoffman, with original music by Bobby McFerrin, that won the 1989 Academy Award for best feature documentary. The stories cover an Olympic athlete, an 11-year old suburban boy, and an inner-city married man.

All profits raised from the sale of this video go to The NAMES Project. The video may also be available from an area AIDS education organization or for rent from your local video store. Available for sale from the NAMES project, 310 Townsend Street, Suite 310, San Francisco, CA 94107; phone 415-882-5500.

"Threads of Love: A Tapestry of Remembrance," English or Spanish.*

A moving ten-minute video produced by Health and Welfare Ministries, GBGM, UMC, about the NAMES Project AIDS Memorial Quilt, showing the quilt and individual panels made in remembrance of persons who have died of AIDS. Order #1713. Price \$12.00.

Notes

1. Koov, V. H., *The Interpreter's Dictionary of the Bible* (Nashville: Abingdon Press, 1962), p. 654.

SESSION 4

WHEN AIDS COMES HOME

Program Outline

Hymn or Opening Prayer

Introduction of Speaker, Panel, Stories, or Video

Individual or Panel Presentation, Reading of Stories, or a Video

Sharing Time

Closing Prayer or Worship

PURPOSES

- To reveal the reality of HIV and its impact on the lives of individuals and families and various contexts for ministry.
- To make real the human face of AIDS.

PREPARATION

1. This topic lends itself to sharing of personal stories. If you have a session of at least one hour, invite a panel of people (2-4, plus a moderator from the congregation) who have been touched by AIDS such as: a person with HIV/AIDS; family member(s) or loved one(s) of a person infected with HIV or who died of AIDS; a pastor or counselor who has worked with PLWAs and their families; a primary care partner of a person living with HIV, or a health or human services professional who works face-to-face with PLWAs in a personal way.

When contacting the panel members, let them know what the group will probably be like, that the church is exploring becoming a Covenant to Care congregation and what that is, and other relevant information. Instructions to the panel can be fairly

simple: "Introduce yourself and share, as you are comfortable, the life path which has led you to this place, especially as it relates to AIDS and ministry. In other words, tell your story." Ask those who are AIDS professionals to emphasize certain points related to ministry that would help the congregation reflect on its own call to minister with PLWAs and their loved ones.

2. If you cannot have a speaker or a panel or do not want to use this method, show a video. See the HIV/AIDS Network Focus Paper #26 for a list (available free from Health and Welfare Ministries, Room 350, General Board of Global Ministries, The United Methodist Church, 475 Riverside Drive, New York, NY 10115). Area AIDS education projects and your annual conference's audiovisual library may also have videos that can be used.

The 10-minute video "Threads of Love" about the AIDS Memorial Quilt and the church's response to persons with HIV can be very effectively used. Allow ample time after showing it for reactions and discussion. Another effective video is the Academy Award-winning film "Common Threads: Stories from the Quilt" available from your local library, video stores, or The NAMES Project (see address in the Resources list at

the end of this Session). Be sure to preview any video that you show so that you will have a sense of its emotional impact and have time to prepare for questions.

3. Another alternative is to read personal stories from PLWAs and their loved ones. Display photos of the persons, if such are available. Many of the books listed at the end of this chapter have stories in them. Personal stories are also available from CAM BBS (modem # 212-222-2135) and from the HIV/AIDS Ministries Network's World Wide Web Home Page: <http://gbgm-umc.org/CAM/stories.html>

Displays and Worship Center

Your display could include newly made panels not yet sent to the NAMES Project for the AIDS Memorial Quilt, photos of the quilt and people visiting it, and/or the book *The Quilt: Stories from the NAMES Project*. Another idea would be for participants to create their own memorial "quilt" on large pieces of paper that may be posted on the wall or used to cover a table, which could become part of a worship center.

PROGRAM

Note: The program outline is the same for both the longer and shorter program for this session.

Opening Hymn or Prayer: Sing or read as a prayer one of the following: "Your Love, O God," #120; "On Eagle's Wings," #143; "Pues Si Vivimos," ("When We Are Living"), #356; "Love Divine, All Loves Excelling," #384; "Come Ye Disconsolate," #510; "Stand By Me," #512; "I Want Jesus to Walk with Me," #521; "Be Still My Soul," #534; "Help Us Accept Each Other" #560; "Hymn of Promise," #707

Introduction of Speaker, Panel, Stories, or Video

An introduction, no matter which method is used, should set a tone of supportiveness and

openness. If presenters are to speak, introduce them at this point, modeling the way the group should relate to them. If stories are to be read, briefly "introduce" the people whose stories are to be read, almost as if they were in the room. If a video is shown, prepare the viewers for it, giving them some suggestions about things to watch for. If the video is "Threads of Love," or another one that may evoke grief, let them know that it is a very moving video and that there will be plenty of time afterwards to share feelings and thoughts about it.

Individual or Panel Presentation, Reading of Stories, or a Video

Time for Sharing

Choose the best format for the method you use and the type of presentation.

Questions for the Individual or Panel

After the presentation(s), the leader/moderator should briefly thank each individual, reflecting on something each person said that was helpful or moving, and set a supportive, confidential tone for the group. Then the floor should be opened for questions from the group and other panel members. If the group is slow to ask questions, one or more of the questions below might be helpful to use.

1. What would you like to see our church and other congregations do in this community in relation to ministry with PLWAs and their loved ones?
2. What, in your experience, are some of the spiritual needs of PLWAs and their loved ones? How are they similar and how are they different from those of others confronting a terminal illness?
3. What have you learned about yourself from your ministry with PLWAs that would help to guide us in our exploration of whether or not we will be in ministry with PLWAs and their loved ones?

Stories and Reactions

1. Stories can be handled a couple of different ways. They can be read or told or people can play the roles of the characters in the story. If the latter method is used, the actors can stay in role and answer questions from the group. Some of the same questions asked of the panel above might be asked of a person who is in role. (If this is done, it is best to warn the actors beforehand so that they will be prepared!)

2. Some stories may be told by individuals who know the PLWA involved, and thus the individual will be very close to the story. If so, more sensitivity needs to be shown in asking questions and support should be given, as needed, if the storyteller seems vulnerable.

3. Ask the group "If the people in the story were here today, what do you think that they would say to our congregation? How would you respond?"

Sharing after the Video

1. Name some of the people with AIDS that you saw in the video. Whose story touched you the most and why? If that person were in the room with you right now, what would you want to say? Were any of the faces of AIDS in the video people who are affected by but not infected with HIV? Explain how the faces of AIDS can include people who are not infected with HIV?

2. If the video "Threads of Love" is shown, be prepared for the powerful emotional impact it may make on people. Allow some time for silence, if needed. Then invite reactions--feelings about what was most touching in the film and remembrances of loved ones who have died of AIDS or other diseases which the video may have provoked. Discuss the many faces of AIDS that were revealed in the film. Close with prayer and/or other elements of worship.

Closing Prayer or Worship

Scripture Suggestions

(Choose one and reflect briefly on it in relation to the program's topic.)

Psalm 8 In Praise of God and God's Creative Power

Psalm 103 The Forgiveness, Healing Power, Righteousness, and Compassion of God

Luke 13:10-17 Jesus Heals a Woman on the Sabbath

1 John 4:16-21 If You Love God, You Love Your Brothers and Sisters

Prayer:

Almighty God, Lover and Creator,
We bring our prayers to you this day
for persons anywhere who have HIV or AIDS.

We confess that we do not understand a disease for which there appears to be no cure.
All that we do know is that you love and care for all people, including those infected with HIV.

We ask that you bring comfort and hope to those who are ill, especially for ...
(names can be spoken from the group).

We pray for all persons with HIV or AIDS, their loved ones, and those who give them care.
Keep us in close accord with all who are ill and guide us into action to help and advocate for them.

In the name of Jesus Christ we pray. **Amen.**

(This prayer was adapted from one in *Worship Resource for HIV & AIDS Ministries*, * p. 41.)

Hymn: (Choose one of the hymns listed at the beginning of the program.)

RESOURCES

Key Resources in This Book for Session 4:

Preface, Chapters 1-4

Ascher, Barbara Lazear, *Landscape without Gravity: A Memoir of Grief* (New York: Penguin Books, 1993).

Landscape has been described as "the bold account of a sister coming to terms with her brother's death and with the type of grief that arises only when one sibling loses another... Ascher locates the moments of healing inside the kind of hurt that seems to last forever, making this profoundly comforting, invaluable reading." The last chapters describe her

experience in an HIV/AIDS support group led by a clergyman at a church. For orders of more than 25 copies at a discount, call 800-253-6476.

Boyd, Terry, *Living with AIDS: One Christian's Struggle*, a 1990 report (Lima, Ohio: C.S.S. Publishing Company, 1992).

Cathie Lyons writes in the foreword to this book, "Terry Boyd's writings during the last year of his life represent the faith journey of a man who has no illusions. . . . Terry's belief in life everlasting comes shining through when he writes about death. . . . AIDS is finite. Love is infinite. AIDS has no power over the love which God has given." Available from C.S.S. Publishing, Inc. 628 South Main Street, Lima, Ohio 45804. Limited copies are available from the Health and Welfare Ministries, GBGM, UMC.

Richardson, Ann, and Dietmar Bolle, editors, *Wise before Their Time: People from around the World Living with AIDS and HIV Tell Their Stories* (London: HarperCollins, 1992).

The personal stories of women and men from around the world. Helps to personalize HIV/AIDS.

The NAMES Project Foundation, 310 Townsend Street, Suite 310, San Francisco, CA 94107; phone: 415-882-5500; fax: 415-882-6200; Visitor Center and Panelmaking Workshop: 415-863-1966; fax: 415-241-7936.

The NAMES Project Foundation, caretaker of the AIDS Memorial Quilt, will provide information about the Interfaith Quilt Display Program. Quilt displays in places of worship present the religious community with an opportunity to encourage reflection and education around the issues of HIV/AIDS.

Ruskin, Cindy, and Matt Herron, *The Quilt: Stories from the Names Project* (New York: Simon & Schuster, 1988).

Pictures and stories of panels made for the AIDS Memorial Quilt.

Stasey, Bobbie, *Just Hold Me While I Cry* (Albuquerque: Elysian Hills, 1993).

A mother's life-enriching reflections on her family's journey through AIDS. She shares her feelings about the medical system and her son's gayness. Out of her experience, she began a bereavement support group for survivors of people who have died as a result of HIV/AIDS related complications.

White, Ryan, and Marie Cunningham, *My Own Story*, a 1991 report (New York: Penguin Books, 1992).

The moving account of Ryan White, the United Methodist teenager who made the news when he insisted on going to school after he was diagnosed as HIV-positive. *The New York Times* Book Review said the book is "a powerful tale of Ryan White's life and death, of the news media's often losing struggle to cope with complex issues, of the growing power of celebrity, of a family's struggle to rise above a tragedy that is, after all, nearly beyond words" (May 12, 1991). This book, for ages 10 and up, contains an afterword telling about Ryan's death and his family's life after his death.

Videos

Common Threads: Stories from the Quilt.

A 79-minute color video, narrated by Dustin Hoffman with original music by Bobby McFerrin, that won the 1989 Academy Award for best feature documentary. The stories cover an Olympic athlete, an 11-year old suburban boy, and an inner-city married man. All profits raised through the sale of this video go to The NAMES Project. Available for sale from The NAMES Project (see above). Sale price about \$20.00. The video may also be available from an area AIDS education organization or for rental from your local video store.

*Threads of Love: A Tapestry of Remembrance** English or Spanish.

A moving 10-minute video produced by Health and Welfare Ministries, GBGM, UMC, about the NAMES Project AIDS Memorial Quilt, showing the quilt and individual panels made in remembrance of persons who have died from AIDS. Price \$12.00. The video is also available from the Service Center (#1713).

SESSION 5

WORDS AND DEEDS: RELIGIOUS STATEMENTS AND ACTIONS

Long Program Outline

Opening Hymn
Scripture Reading
Brief Overview of Statements on HIV/AIDS
Small Group Assignments and Reports Back to Group
Discussion Questions
"Brainstorming" a List of Possibilities for Our Local Church Ministry with PLWAs
Scripture Reading
Hymn

Short Program Outline

Scripture Reading
Prayer
Longer Overview of Statements on HIV/AIDS
Discussion Questions
"Brainstorming" a List of Possibilities for Our Local Church Ministry with PLWAs
Prayer

PURPOSES

- To study what The United Methodist Church has said about the way people of faith need to and can respond to HIV in our communities and "The Council Call," an interfaith statement about HIV/AIDS ministry.
- To "brainstorm" a list of ideas about what our local church can do to address the needs of persons living with HIV.

PREPARATION

1. This session is a study of key religious statements on HIV/AIDS that will help to form a basis for your church's Covenant to Care

statement, if it chooses to write one. Two resolutions of The United Methodist Church are reproduced on pp. 76–81. Along with "A Council Call," printed on pp. 82–83, and any resolution on AIDS ministry your annual conference may have adopted, these provide important background information for this study series. If General Conference of 1996 adopts a major resolution on HIV/AIDS, you may want to include that also.

Use the index of *The Book of Resolutions of The United Methodist Church* to find all of the statements related to AIDS that have been adopted by General Conference. Your church, pastor, or lay leader should have at least one copy of *The Book of Resolutions*.

Health and Welfare Ministries will send a single copy each of General Conference's

resolutions and the Bishops' statement on AIDS (1988) upon request. You can order multiple copies of the brochure "The Council Call" from Health and Welfare Ministries.

2. If you are using the longer program, assign each of two groups one of the two United Methodist Resolutions reproduced in this book. Each group should look at "The Council Call" and your annual conference's statement, if it has one. If you have many groups, give more than one group the same assignment.

3. If you have less than an hour for this session, ask someone to give a report on these resolutions and distribute copies of "The Council Call" to everyone.

After the reports are given, brainstorm about possible ways for your own local church to minister with PLWAs. At this point, do not worry about money or the number of people—just get out as many ideas as possible. This list will be posted in the following session, when the group will develop a Covenant to Care document or decide on the next step in ministry. Prepare for the fifth session in conjunction with the sixth session (see Preparation on page 45).

PROGRAM

Opening Hymn: Choose one of the following: "What Does the Lord Require?" #441; "O Young and Fearless Prophet" #444; "Move Me," #471; "Let It Breathe on Me," #503

Scripture Reading (LS)

Isaiah 61:1–3 Gladness and Praise Instead of Hopelessness

Luke 4:16–21 Jesus' Description of His Ministry

Romans 8:28–39 Nothing Can Separate Us from the Love of God

Matthew 25:31–46 The Least of These

Brief Overview of Statements on HIV/AIDS (L)

Use this overview to lead into small group assignments. Briefly describe each resolution,

then ask for volunteers to look at the resolutions or assign them to individuals to study. Your brief description will help volunteers decide which resolution they would like to examine or will help those assigned to study the resolutions decide which parts to focus on.

Small Group Assignments and Reports Back to Group (L) or

Long Overview of Statements on HIV/AIDS (S)

Ask the groups or individuals for the following:

1. A brief background for the statement, the date, who adopted it.
2. The Biblical/theological bases for ministry given in the documents.
3. Ideas for ministry listed in or inspired by the document, especially those that are feasible for a local church.

These assignments may be given during or before the session. The "Long Overview" is different from the "Brief Overview" in that it covers all of the above-mentioned areas in order to give the group a better basis for brainstorming.

Discussion Questions

1. What are some of the important biblical and theological statements in these documents about HIV/AIDS ministry?
2. What other statements from a biblical or theological point of view would you add if you were writing a statement about HIV/AIDS ministry?

"Brainstorming" a List of Possibilities for Our Local Church Ministry with PLWAs.

List ideas on newsprint. As a catalyst for brainstorming, present any ideas that emerged from your Bible study on hospitality. Many of the resources listed in the third section of this book can also supply ideas for ministry.

1. Which forms of ministry named in these documents are exciting to you as a possibility for our local church? Can you think of other ideas for ministry not named in these documents?

2. The resolution of 1992 cites projections made by the World Health Organization on the spread of AIDS by the year 2000. What would you like to see our church doing by the year 2000?

Closing Hymn: "Forth in Thy Name, O Lord," #438, or "We Shall Overcome", #533 .

RESOURCES

Key Resources in This Book for Session 5:

Chapter 2, Resources 4–7, 9

Resources followed by an asterisk (*) are available from:

The Service Center
General Board of Global Ministries
7820 Reading Road, Caller No. 1800
Cincinnati, OH 45222-1800
Phone: 1-800-305-9857
Fax: 1-513-761-3722

The Book of Resolutions of the United Methodist Church, 1992 (Nashville: The United Methodist Publishing House, 1992).

This book contains all of the resolutions of The United Methodist Church currently in effect. The 1996 edition will probably carry at least one more resolution on AIDS and the ministry of the church. Please consult the newest published version of this book.

Williams, Cecil, *No Hiding Place: Empowerment and Recovery for Our Troubled Communities* (San Francisco: HarperSanFrancisco, 1990).

This book describes the support groups ministry model used by Glide Memorial United Methodist Church in San Francisco. Williams says: "The Twelve Steps focus on individual recovery, as if independently

getting clean and sober were the ultimate goal. But African Americans are a communal people—we fight for our freedom together.... As long as blacks, women, and poor people remain anonymous, they remain invisible and unheard.... To us, anonymity feels like a place to hide. We believe there is no hiding place in recovery. We must open up and stand together" (pp. 8-9). Includes information on the church's HIV/AIDS Ministry. Available from Cokesbury, 800-679-1789.

Videos

A Time for Caring: A Pastoral Approach to Persons with AIDS.

A 37-minute color video produced by the Lazarus Project in cooperation with the West Hollywood Presbyterian Church. Tells the stories of several active church members with AIDS. Includes their reflections on the kind of help they found most useful and comforting. Also includes a moving segment in the hospital as a man speaks of his faith with his pastor. Available from The Lazarus Project, West Hollywood Presbyterian Church, 7350 Sunset Blvd., Hollywood, CA 90046. Sale only. Price of \$23 includes postage and handling.

Unconditional Love.

A 30-minute video about the HIV/AIDS ministry of St. Paul's United Methodist Church in Redondo Beach, CA. A major part of the ministry is a food pantry. Available from EcuFilm. Sale \$24.95; rental \$18.00.

*Why We Care: About AIDS.**

A 30-minute video containing three vignettes that reveal forms of discrimination against those perceived to have HIV/AIDS. One vignette shows an inner-city ministry in Baltimore. Sale \$29.95, rental \$18.00.

SESSION 6

LET'S BECOME A COVENANT TO CARE CHURCH

Program Outline

(This session may be more of a "task-oriented time" than a program.)

Opening Prayer

Small Group(s) Work on Statement

Full Group Approves Statement

Full Group Makes Plans for Next Steps

Worship Service of Commitment and Dedication (may happen later at a Sunday service)

PURPOSES

- To write or finalize a Covenant to Care statement.
- To make plans for your church's HIV/AIDS Ministry.

PREPARATION

You were asked to prepare for this session in conjunction with the previous one. For example, if the group brainstormed ideas for ministry during the fifth session, post or photocopy the ideas for the group to see when it returns for the sixth session. If an individual or task force drafted a statement during the fifth session, use the sixth session to finalize the document and plan ideas for ministry. If you can, invite someone from a nearby HIV/AIDS organization and PLWAs and their loved ones to assist you in planning ideas for HIV/AIDS ministry.

After the small group(s) have either (a) drafted a rough statement based on group discussion, or (b) polished a rough draft brought to them by an individual or task force, the full group should:

1. Decide on the final version of the statement to be referred to the appropriate church body for approval.
2. Make initial plans for ministry with PLWAs.
3. Discuss what remains to be done before the statement goes to the church Administrative Council or Council of Ministries for a vote. What needs to be done will vary from almost nothing to requesting the council to put an educational session on its agenda.

Throughout the process of developing a statement for approval, keep in mind any limitations on the decision-making power of the group developing the statement. If the statement will have to receive final approval by a church body such as the Administrative Council or the Council on Ministries, the wording may undergo changes. Let your group know of any alterations in its recommendations. If the group developing the statement and proposals is fairly "AIDS-educated" but the church body that must approve it is not, the group should think of ways to communicate its excitement and vision, in order to bring the other group "on board."

Note: If your church is not yet ready to make a Covenant to Care statement, this session can be used to plan "next steps," such as further education for your church.

WORSHIP RESOURCES

Scripture Suggestions

Psalm 33 Rejoice and Praise God, Who Is Righteous and Whose Love Is Steadfast

Matthew 28:1-10 "Do Not Be Afraid"

Hymns: "Lord, Whose Love through Humble Service," #581; "*Sois la Semilla*" ("You Are the Seed"), #583; "Lord, You Give the Great Commission" #584; "This Little Light of Mine," #585; "Here I Am, Lord," #593.

RESOURCES

Key Resources in This Book for Session 6:

Chapter 2, Resources 4-9

Resources followed by an asterisk (*) are available from:

The Service Center

General Board of Global Ministries

7820 Reading Road, Caller No. 1800

Cincinnati, OH 45222-1800

Phone: 1-800-305-9857

Fax: 1-513-761-3722

Blumenfield, Warren J., and Scott W. Alexander, *AIDS and Your Religious*

*Community: A Hands-On Guide for Local Programs.**

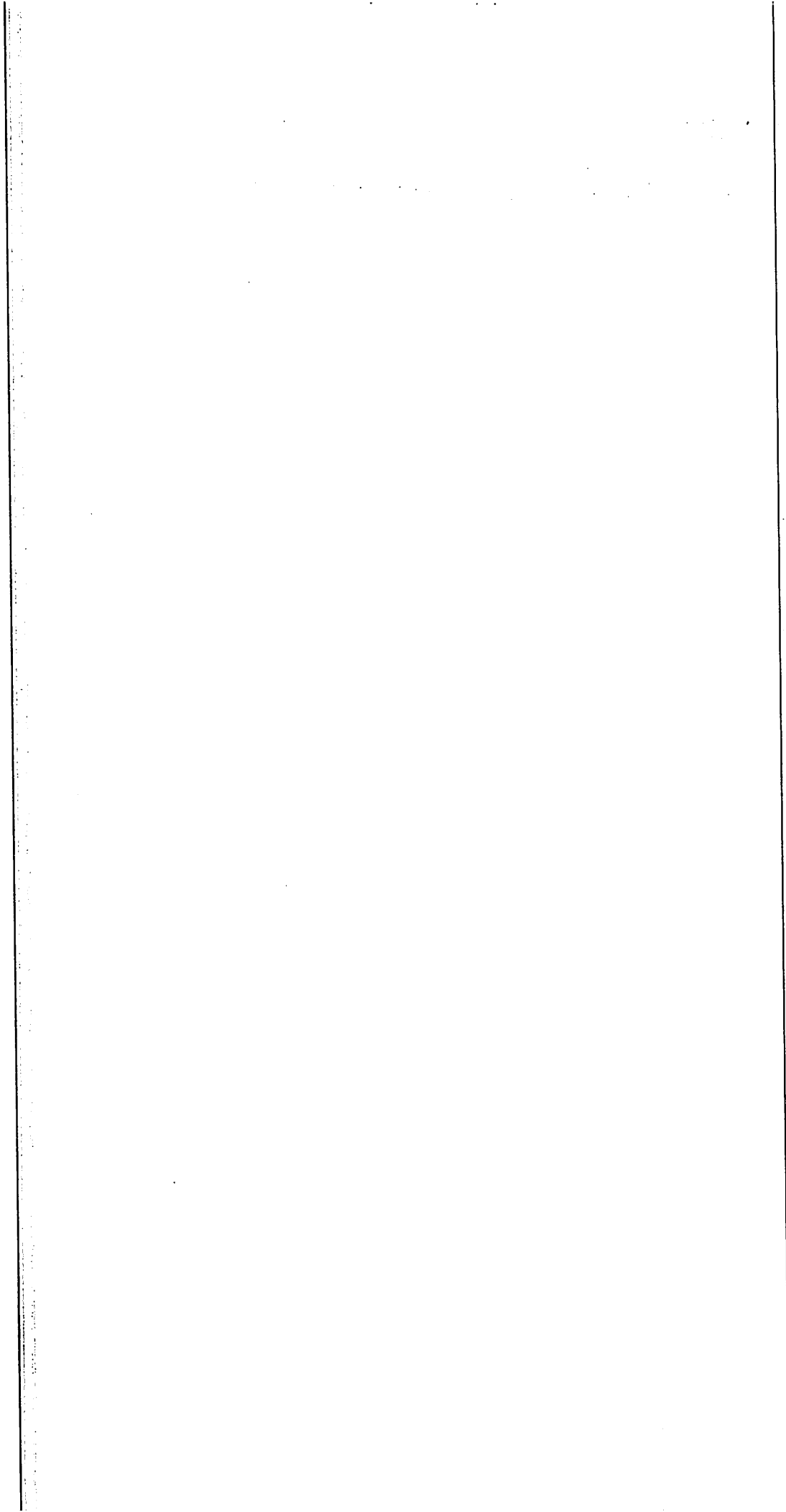
This book features 27 working models designed for anyone considering HIV/AIDS ministry. Available from Service Center and from UUA Bookstore, 25 Beacon St., Boston, MA 02108. Phone: 617-742-2100. Price \$12.95 plus \$2.00 shipping and handling.

Pickens, Judy E., and Malcolm McKay, *Partners in AIDS Response: A Resource Guide for Faith Communities and AIDS Programs.*

This 150-page guide comes in 8 1/2 X 11 softcover, punched format for use as is or in a three-ring binder. In addition to six chapters covering critical aspects of building and sustaining successful church/agency partnerships, it provides 10 original lesson plans examining ethical, moral, and theological issues around the AIDS epidemic and outlining practical steps toward action, all within an ecumenical context. Available from Washington Association of Churches, 4759 15th Avenue NE, Seattle, WA 98105-4404. Phone: 206-525-1988. Price \$20 plus \$1.64 sales tax.

PART THREE

MATERIALS FOR INFORMATION AND DUPLICATION



Resource 1

ANSWERS TO COMMONLY ASKED QUESTIONS ABOUT HIV/AIDS AND THE CHURCH

Adapted from material written by the Reverend Don Nations, which appeared in the HIV/AIDS Ministries Network's Focus Paper #22. Questions 4, 5, 6, and 9 particularly have been revised/expanded by Nancy A. Carter. This material may be especially appropriate in educational sessions about the faces of AIDS and ministry with PLWAs.

1. WHY SHOULD WE IN THE CHRISTIAN COMMUNITY BE CONCERNED ABOUT HIV/AIDS?

Christians must always be concerned with the great issues of the day. We cannot be silent and act as if the world does not exist. Millions of human beings will probably die of AIDS in the next 10 years. While the magnitude of this crisis is great, it also presents an opportunity for the Church to touch the lives of people in a powerful and practical way. The Church has a message of hope, love, and community needed by people who are infected/affected by HIV/AIDS. The Church can also be strengthened by including more people and learning from their struggles and their courage.

2. WHY DO CHURCHES NEED HIV/AIDS EDUCATION?

Christians need HIV/AIDS education because our churches contain many people who are infected/affected by HIV/AIDS or will be if we do not provide prevention education for our members. By the year 2000, there will be very few people in the U.S. who will not know someone infected by this disease. Christians need to be informed, to wrestle with the issues, and to respond to the many needs that surround HIV/AIDS. The Church also has special spiritual resources with which to reach out in compassion to those infected/affected by HIV/AIDS.

3. WHY DO I NEED TO KNOW ABOUT AIDS? IT DOES NOT AFFECT ME.

AIDS does affect you. Although you may not be aware of it, someone you know or the loved one of someone you know probably has HIV or AIDS or has already died of it. In addition, AIDS raises your taxes and increases the cost of your healthcare. Because AIDS affects millions of people, it affects all of us. Jesus gave us the example of being personally involved with others, of eating with tax collectors and sinners, of going against the pious religious establishment of his day, of touching those whom society had thrown away, and of being concerned for all people.

4. ISN'T HIV/AIDS EDUCATION A PLOY BY THE HOMOSEXUAL COMMUNITY TO ADVANCE ITS AGENDA?

Today some organizations that call themselves Christian are using homophobia to try to stop the dissemination of life-saving information about AIDS prevention, seeing it as a ploy to advance the "homosexual agenda." Some even go so far as to say that the CDC has given wrong information about the spread of AIDS, and they imply or state outright that heterosexuals cannot get AIDS through sexual transmission. This is false, and more people may become infected with AIDS as a result of receiving wrong information. AIDS is not a gay male disease. Anyone who has unsafe sex or participates in other high-risk behaviors may

become infected and/or transmit HIV to others. We must get life-saving information out to people about HIV/AIDS prevention. At the same time, HIV/AIDS education should be seen as a public health issue to which the Church brings a particular moral stance. In the process of bringing AIDS education to our church arenas, we can include moral and ethical perspectives on safer sex and risk reduction. This will help us clarify our own values and see where we must set our own boundaries with regard to the choices we make about life. Because of AIDS, diverse communities have been brought together. To beat this disease, we must listen to and learn from each other, and work together on effective prevention strategies.

5. IS AIDS GOD'S JUDGEMENT ON HOMOSEXUALS AND DRUG USERS?

If AIDS were God's active judgement upon homosexuals, users of injected drugs, and people engaging in multiple-partner sex, then children, unknowing faithful spouses, survivors of sexual abuse, hemophiliacs, and healthcare providers would not contract AIDS. Why are warmakers, tyrants, murderers, thieves, and purveyors of hate not also immediately struck down by God?

Actions do have consequences, however. Here is an illustration: If one keeps thoughtlessly crossing a street against the light, one is at greater risk of being struck by a car. We can give people warnings about the danger of disobeying the light, and some will change their behavior. But if we see a person who has been struck by a car, should we focus on the person's "sin" of ignoring the light or should we focus on ministry to relieve the person's pain? We also know that even when some people obey traffic lights, they can be struck through the carelessness of others or because of circumstances beyond anyone's control, such as a slick pavement. So there are people who contract AIDS from blood transfusions, breast milk, sexual transmission by a partner with whom they are monogamous, sexual abuse, and rape. These people may have done almost

everything "right" in terms of prevention, but they are still infected.

6. DIDN'T PEOPLE WITH AIDS BRING IT UPON THEMSELVES?

No one deserves AIDS or any other illness! Blaming people for their illness (be it AIDS, cancer, heart attack, etc.) is not helpful. Jesus called us to minister to the sick and treat them as if they were the Christ (Matthew 25). When individuals are sick with HIV/AIDS, compassionate ministry means focusing on their needs *now*, not offering judgments about what they should or should not have done in the past. We need to take their cues about what they need, not push on them what we think they may need. If they come to trust us and see our compassion, they themselves may ask us to help them sort out their current spiritual concerns. The Church must deal with the person in the present and not dwell on the past.

7. WOULDN'T OUR TIME BE BETTER SPENT EVANGELIZING INSTEAD OF EDUCATING PEOPLE WHO ARE ALREADY RELIGIOUS?

This question sets up a false dichotomy. We are not faced with the choice of doing one or the other. We must do both. The Church has a divine mandate to share the Good News of Jesus Christ with everyone. The Church also has the responsibility to do what it can to make the world a better place. For the Church to be involved in the world is one way to demonstrate the Good News. It shows that God cares about every aspect of life and the human condition. We must be present with people before we can share our faith with them, just as Jesus became Immanuel ("God with us") in order to show God's love to the world. We must love and care for people before our witness will be meaningful to them. HIV/AIDS education is a way of helping people hear the gospel.

8. WOULDN'T IT BE BETTER IF WE TOLD PEOPLE: "JUST SAY NO"?

Abstaining from sexual intercourse and drug injection is the safest approach to prevention of

infection by HIV. This is a fact emphasized repeatedly by the CDC and by AIDS educators. The United Methodist Church affirms this approach and teaches that celibacy outside of marriage and faithfulness in marriage is the best way to prevent the spread of HIV/AIDS. Even within the Church, however, there are people who do not embrace that standard. For this reason, we must encourage "harm reduction" actions as an interim approach. We must also keep in mind that many people who acquire HIV do so while following the teachings of the Church regarding faithfulness in marriage.

9. SHOULDN'T THE ISSUES OF HIV/AIDS, SEXUAL BEHAVIOR, ETC., BE TAUGHT AT HOME?

Yes! It would be wonderful if these issues were taught by informed, caring parents in the home. But many parents have abdicated their role or are not themselves educated about these issues. Churches can provide age-appropriate prevention education for their own members and encourage those who are parents to do the same for their children. Churches can also support age-appropriate comprehensive AIDS education in schools.

10. DOESN'T IT COMPROMISE OUR MORAL INTEGRITY TO TALK ABOUT ANYTHING OTHER THAN ABSTINENCE?

The United Methodist Church affirms celibacy for singles and monogamy in marriage. We must point out that this lifestyle has kept many people healthy and happy. We must also, however, live in the real world and be honest enough to admit that many of our own members do not live up to these standards. In the light of this, we must speak about activities other than abstinence. This will provide an opportunity to make it clear that alternatives lower the risk of transmission but they do not

eliminate it. Talking about alternatives—even those with which we personally disagree—does not compromise our moral stand. To fail to provide necessary information, however, might compromise our moral stand.

11. WON'T TALKING ABOUT SEX AND DRUGS MAKE YOUNG PEOPLE MORE LIKELY TO EXPERIMENT WITH THEM?

Studies have shown that sexual education tends to decrease sexual diseases and pregnancy in teenagers. A factual discussion about sexuality that takes place within the context of Scriptural guidelines may even have the effect of *lessening* sexual activity or at least making sexual activity less dangerous. We need to teach that sexuality is a part of human existence and was created by God to be enjoyed within the context of a loving marriage. It is not safe for us to ignore this part of God's creation and leave our children unadvised.

12. WHAT IS WRONG WITH A QUARANTINE OF EVERYONE WITH AIDS?

Unlike some communicable diseases, HIV is not transmitted by casual contact. Therefore, quarantines are neither appropriate nor just. A quarantine would apply to everyone with HIV, including babies, children, teens, and adults, and would involve separating millions of people into quarantined areas around the world. WHO estimates that by the year 2000, some 30 million people will have been infected with HIV, and a large percentage of this number will still be living. To quarantine such a number of people would require an expense and a commitment many countries are not ready or willing to sustain. There are better methods for combating this epidemic. These include HIV/AIDS education, increased personal responsibility, voluntary testing, and the involvement of the Church.

Resource 2

CENTERS FOR DISEASE CONTROL AND PREVENTION AIDS INFORMATION

Note: This material, last revised March 9, 1995, is especially helpful in preparing an educational session on AIDS 101, the Facts and Fiction about AIDS. If you have questions about HIV/AIDS or would like updated information, please call the CDC's National AIDS Hotline toll-free number, 1-800-342-2437. Or write to the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, Maryland 20849-6003.

Cause of AIDS/HIV

The cause of AIDS is a virus known as the *human immunodeficiency virus* or HIV. The evidence that HIV causes AIDS is overwhelming. First, evidence of HIV infection is easily found in patients with AIDS. Second, the virus has been isolated and grown in pure culture from patients with the disease. Finally, studies have documented the transmission of HIV to previously uninfected persons through blood transfusions.

HIV Transmission

Three important facts about HIV infection are:

- The virus is mainly spread by sexual contact or sharing of needles with an HIV-infected person.
- Babies born to HIV-infected women may become infected before, during, or shortly after birth.
- Scientific evidence shows that HIV cannot be transmitted by casual contact, vaccines, or insect bites.

HIV is carried mainly in the blood, semen, and vaginal secretions of an infected person. The virus is spread by sexual contact with an infected person, by needle-sharing among drug

users, or (less commonly now that blood is tested) through transfusions of infected blood or blood clotting factor. Casual contact, such as that encountered in work, school, social, and restaurant settings, is not a means of transmission. In studies of households where families have lived with and cared for AIDS patients—even in situations where it was not known that a household member was HIV-positive—no instances of nonsexual, nonblood, or nonperinatal transmission were found, despite the sharing of kitchen and bathroom facilities, meals, eating and drinking utensils, and even razors and toothbrushes. If HIV is not transmitted in settings where exposures are repeated, prolonged, and can involve contact with the body secretions of infected persons, transmission would be even less likely to occur in other social settings, such as schools and offices. If casual contact did result in HIV transmission, the pattern of case occurrence would be much different from what has been observed.

Vaccines such as the hepatitis B vaccine and various immunoglobulins approved for use in the United States have not been implicated in the transmission of HIV. These products undergo purification processes that destroy any harmful viruses or bacteria.

Studies about the potential for insect transmission of HIV have been carried out by CDC and other scientists. These studies have shown no evidence of HIV transmission, even

in areas where there are many cases of AIDS. The studies have also shown no evidence to indicate that HIV is able to reproduce in insects. Even if the virus enters the insect via the blood it ingests, the insect does not become infected and its saliva does not contain the virus. In contrast, other mosquito-borne viruses, such as dengue or yellow fever, do multiply in the mosquito.

Since the virus cannot reproduce in the insect, transmission of HIV via mosquitoes would theoretically require the ingestion of a large quantity of blood with large amounts of the virus, and the transfer of this blood to the next person it bites. This theoretical way of transmission has three problems: (1) the amount of virus in the circulating blood of HIV-infected persons is very low compared with the levels observed in other viruses known to be transmitted by insects; (2) mosquitoes do not regurgitate blood into the next person they bite; (3) the saliva of mosquitoes does not contain the virus.

It is also reassuring to know that insect transmission of hepatitis B virus (HBV), another blood-borne virus, has never been reported, even though the amounts of hepatitis B virus in blood are many times greater than the amounts of HIV.

In addition, epidemiologic studies conducted in Africa and Florida on people who often worked and lived together in poor and crowded conditions showed that sexual transmission accounted for the majority of HIV cases. No secondary or household transmission was observed, despite countless opportunities for shared mosquito and bed bug bites.

Survival of HIV

Two facts concerning the survival of HIV in the environment are:

- HIV does not survive well outside the body.
- HIV has to be grown in large amounts to be studied in laboratories.

Although HIV has been kept alive under certain laboratory conditions, medical authorities agree that the virus does not survive well in the environment. To put things into perspective, 1 milliliter (ml) of blood from a hepatitis B-infected person may contain more than 100 million infectious viral particles. In a dried state, hepatitis B virus may remain viable on surfaces for up to one week, and possibly longer. In contrast, estimates of the number of infectious viral particles in the blood of a person carrying HIV range from a few hundred to approximately 10,000 per ml. This comes out to one ten-thousandth of the viral concentrations measured for HBV. Moreover, CDC laboratory studies have shown that drying HIV further reduces the viral amounts by 90 to 99 percent within several hours.

The concentrations of HIV used in some laboratory studies have produced results that have alarmed people unnecessarily. The results are not meaningful, because: (1) the concentrations of HIV used were many times greater than those found in patient specimens; (2) the amounts of virus studied are not found in nature; and (3) no one has been demonstrated to be infected with HIV from contact with an environmental surface.

Neither HBV nor HIV is able to reproduce outside the human body, unlike bacteria or fungi, which do so under suitable conditions. In laboratory studies of HIV and HBV, it was proven necessary for these viruses to infect specific human or primate cells in order to complete their life cycles and reproduce.

Prevention of HIV Infection

To prevent HIV infection:

- Do not have sex with an infected person.
- Do not share needles with an infected person.

To prevent the spread of HIV infection, avoid any behavior that might result in contact with blood, semen, vaginal secretions, or body fluids

with visible blood of anyone who might be infected with HIV. The following prevention measures apply to personal sex practices and injected drug use:

1. Ask about the sexual history of current and future sex partners.
2. Reduce the number of sex partners to minimize the risk of HIV infection.
3. Always use a condom from start to finish during any type of sex (vaginal, anal, and oral). Use latex condoms rather than natural membrane condoms. If used properly, latex condoms offer greater protection against sexually transmitted disease agents, including HIV.
4. Use only water-based lubricants. Do not use saliva or oil-based lubricants such as petroleum jelly or vegetable shortening. If you decide to use a spermicide along with a condom, it is preferable to use spermicide in the vagina according to manufacturer's instructions.
5. Avoid anal or rough vaginal intercourse. Do not do anything that could tear the skin or moist lining of the genitals, anus, or mouth and cause bleeding.
6. Avoid deep, wet, or "French" kissing with an infected person. Even though transmission of HIV has not been documented by this method, possible trauma to the mouth may occur, which could result in the exchange of blood. It is safe, however, to hug, cuddle, rub, or dry kiss your partner.
7. Avoid alcohol and illicit drugs. Alcohol and drugs can impair your immune system and your judgment. If you use drugs, do not share needles, syringes, or "cookers."
8. Do not share personal items such as toothbrushes, razors, or devices used during sex which may be contaminated with blood, semen, or vaginal fluids.
9. If you are infected with HIV or have engaged in sex or needle-sharing behaviors that lead to infection with HIV, do not donate blood, plasma, sperm, body organs, or tissues.

Resource 3

HIV/AIDS EDUCATION PROGRAM OUTLINE

A Resource of Health and Welfare Ministries, General Board of Global Ministries, The United Methodist Church

Basic Resources for All Sessions:

The Bible

The United Methodist Hymnal (all hymns noted below are from the hymnal)

*Worship Resource for HIV/AIDS Ministries,** by Patricia D. Brown and Adele K. Wilcox*

HIV/AIDS Ministry: A Practical Guide for Pastors by Patricia L. Hoffman*

(Materials marked with an asterisk are available from the Service Center. See address on back cover of this book.)

Hymns: "God, Whose Love Is Reigning O'er Us," #100; "When Jesus the Healer Passed through Galilee," 263; "There Is a Balm in Gilead," #375.

Session 2, HIV/AIDS Basics

Purpose: To convey the basic facts of how HIV is transmitted, how it manifests itself in those infected, and what appropriate precautions can be taken individually and as a community.

Leader: A local HIV/AIDS educator, public health educator, Red Cross certified HIV/AIDS community educator.

Ideas: If there are no HIV/AIDS educators in your area, purchase or rent videos from the Red Cross, your local library, a video store, your state AIDS task force or health department, your annual conference video library, or EcuFilm. "Spread the Word" is an excellent educational video available from EcuFilm (800-251-4091). The Centers for Disease Control (CDC) has numerous educational materials available. Call the National AIDS Information Clearinghouse (800-458-5231). Select an appropriate litany or prayer from *Worship Resource for HIV & AIDS Ministries** to begin and end this session.

Hymns: "For the Beauty of the Earth," #92; "There's a Spirit in the Air," #192; "Send Your Word," #195.

Session 1, Theological Context

Purpose: To establish the theological context for ministering with persons who are ill and on the fringe of society, and to raise awareness that persons living with HIV need and deserve the caring ministry of the church.

Leader: The pastor, minister of education, pastoral care minister, Bible study leader, or an annual conference HIV/AIDS task force member.

Ideas: Jesus' healing touch, the hospitality and inclusiveness of Christ's ministry.

Scripture: Romans 8:28–39; Matthew 25:31–46; Luke 10:29–37; John 13:1–20; Mark 5:23–43

Session 3, When AIDS Hits Home

Purpose: To demonstrate the reality of HIV, to show its impact on the lives of individuals and families, and to reveal the human face of AIDS.

Leader: A pastor, a local church layperson responsible for social concerns and/or health and welfare ministries, or a close friend of participants.

Ideas: Set up a panel of three to five people who have been touched by AIDS, including person(s) infected with HIV, family member(s) or loved one(s) of a person infected with HIV or who died of AIDS, a primary care partner of a person living with HIV.

(*Fear of participation in a panel on the part of individuals and families shows the need of comprehensive HIV/AIDS education and outreach by your community of faith.*)

If you cannot have a panel, the CDC can provide a list of videos. The 10-minute video "Threads of Love,"* about the AIDS Memorial Quilt and the church's response to persons with HIV, can be effectively used. Allow ample time after showing it for reactions and discussion. Another video is the Academy Award-winning film "Common Threads: Stories from the Quilt," available from your local library, video stores, or The NAMES Project 415-863-1966.

Hymns: "Your Love, O God," #120; "Stand By Me," #512; "Help Us Accept Each Other," #560.

Session 4, Psycho-Social Issues of HIV

Purpose: To describe HIV/AIDS in psychological and social terms and to discuss the issues that arise in the lives and families of those infected with HIV.

Leader: HIV/AIDS social worker, HIV/AIDS counselor, psychologist.

Ideas: Show a video.

Tell stories of stories of persons living with HIV/AIDS that show the psycho-social

dimensions of the disease process. Use *HIV/AIDS Ministry: A Practical Guide for Pastors*, available from the Service Center, or *Living with AIDS: One Christian's Struggle* by Terry Boyd, available from CSS Publishing Company, Inc., 628 South Main Street, Lima, Ohio, 45804.

Hymns: "On Eagle's Wings," #143; "Love Divine, All Loves Excelling," #384; "Pues Si Vivimos" ("When We Are Living"), #356.

Session 5, What the Church Can Do

Purpose: To examine what The United Methodist Church has said about the way United Methodists can and should respond to HIV in their communities, and to develop a plan to meet the needs of people living with HIV in your church and community.

Leader: Pastor, church school teacher, lay member of annual conference.

Ideas: Use the index of the *Book of Resolutions of The United Methodist Church* to find the resolutions related to HIV disease that have been adopted by General Conference. Find out about the Covenant to Care program from the Health and Welfare Ministries at 212-870-3909.

Use *HIV/AIDS Ministry: A Practical Guide for Pastors** to gain ideas about what your church can do to be in ministry to persons infected with HIV. Another good resource for this session is *AIDS and Your Religious Community: A Hands-On Guide for Local Program*, by Warren J. Blumenfield and the Rev. Scott W. Alexander.*

Note: This session may be divided into two subsessions, one dealing with what the General Conference of The United Methodist Church has said about being in ministry with persons living with HIV, and one about what your congregation can do.

Hymns: "Lord, Whose Love Through Humble Service," #581; "Sois la Semilla" ("You Are the Seed"), #583

Resource 4

OPPORTUNITIES FOR HIV/AIDS MINISTRY

The following pages give some ideas for HIV/AIDS Ministry. You might use these as idea starters or create a checklist to see which ones your congregation is most interested in pursuing. These pages will be most helpful in making action plans and discussing ministry with PLWAs and their loved ones.

Needs of PLWAs and Their Loved Ones

PLWAs have needs that are very similar to the needs of other people who have chronic or life-threatening illnesses. For example, they might:

- Want to participate in a prayer group or a program of spiritual nurture and to be with people who understand the grieving process.
- Want to tell their stories about what it is like to be living with AIDS. PLWAs and their loved ones are the most invaluable resource persons your church can have when designing appropriate, effective AIDS ministries.
- Feel abandoned or alone. Telephone calls and face-to-face visits are important. Call before visiting and discuss when to come and what to bring. Going out to dinner, to a movie, to church, to a concert or a sports event can be a welcome break that PLWAs look forward to enjoying with others.
- Need help with basic tasks such as house cleaning, laundry, doing dishes, grocery shopping, picking up the mail, or posting letters. These tasks do not take up a great deal of anyone's time but can be overly tiring to a person with HIV.
- Need help with keeping track of doctor's appointments and getting to and from the hospital or doctor's office.
- Need home-delivered meals, which could be prepared by church members (perhaps in the church kitchen) and delivered by volunteers.
- Need someone to be a financial advocate to provide help with medical and disability benefit forms, or a legal adviser about end-of-life planning, preparation of a will, and funeral and burial arrangements.
- Want someone to act as an intermediary to help with family reconciliation and to facilitate saying goodbye to loved ones.
- Require simple bodily care (such as bathing, toilet needs, and hair care).
- Need legal advocacy because of housing or job discrimination, or denial of healthcare services.
- Want a companion with whom to watch funny videos or go to the movies to see a comedy. Most will enjoy videos and movies of any kind, but some PLWAs especially want to experience the healing power of laughter.
- Need to receive bedside Holy Communion if they are homebound or hospitalized for any length of time.

Ideas for Church Ministries

In communities where there are large numbers of PLWAs, some congregations:

- Provide space and even telephone use and secretarial assistance for local AIDS service organizations.
- Use their kitchens during the week to make meals to be delivered or offer free community meals at the church.
- Provide space and/or trained counselors for pastoral care and bereavement counseling for adults, teens, and children.
- Develop respite programs for AIDS care providers, and dropoff facilities where persons with AIDS can spend all or part of a day while their care providers are at work.
- Organize recreational and cultural events.
- Work with foster care agencies to find prospective foster care placements for children or youth who have HIV/AIDS.
- Open their daycare programs to serve the needs of children and families who are affected by AIDS.

- Work with other groups in the community to provide AIDS prevention education programs.
- Work through ecumenical and interfaith channels to secure adequate housing, home care, skilled nursing care, hospice care, and other services for persons with AIDS.

Congregations in all communities can:

- Sponsor age-appropriate comprehensive AIDS education programs for their congregation and community.
- Raise money and provide funding for community AIDS work.
- Offer prayers of intercession for PLWAs and their loved ones.
- Raise funds for the Advance Special **Enabling AIDS Ministries** (Code Number 982215-6).
- Support helpful legislation related to HIV/AIDS at the local, state, and national levels.

These are but a few of the things that, as persons of faith, we can do with others to make our churches and communities places of openness and caring.

Resource 5

THINGS INDIVIDUALS AND CHURCHES CAN DO*

**Adapted from "Suggested Activities for Clergy, Lay Persons and/or Churches Developing AIDS Ministries" (prepared by Susan B. Button and Peggy R. Gaylord for the Wyoming Annual Conference) by the Rev. Charles Carnahan, Executive for HIV/AIDS Ministries, Health and Welfare Ministries, General Board of Global Ministries, The United Methodist Church, 475 Riverside Drive, Room 350, New York, NY 10115; 212-870-3909.*

1. Offer studies about HIV/AIDS as part of the church program.
 - Include a panel discussion consisting of person(s) who are HIV-positive, a parent of a person living with HIV/AIDS (PLWA), and/or the primary care partner of someone with HIV.
 - Develop a series of special events.
 - Invite guest speakers/preachers who will provide accurate information and instill compassion.
 - Include adults, youth, and children in these events.
2. Announce local HIV/AIDS-related events, meetings, and worship/healing services:
 - In church bulletins and newsletters.
 - In congregational worship services and other gatherings.
 - In the calendars of events of local newspapers.
 - On community bulletin boards.
 - On local radio and television community service programs.
 - On computer bulletin boards.
3. Encourage and lead your church in working with other concerned congregations and individuals through the resources offered by the Health and Welfare Ministries of the General Board of Global Ministries of The United Methodist Church.
 - Become a Covenant to Care Congregation and publicize that you welcome PLWAs and their loved ones in your church's life.
 - Ask to be added to the free mailing list of the HIV/AIDS Ministries Network of The United Methodist Church.
 - Sign onto CAM (Computerized AIDS Ministries).
 - Set aside one Sunday each year as "AIDS Awareness Sunday," such as the Sunday closest to World AIDS Day, December 1.
4. Include HIV-related articles, news stories, and book reviews in your church newsletter.
5. Involve church school classes in a local HIV/AIDS project.
 - Sew quilt panels for United Methodists and others who have died from HIV disease.

- Volunteer with a local HIV/AIDS organization or service group.
 - Support HIV/AIDS education, research, and services locally and nationally.
 - Make quilts and other items to give to a local HIV/AIDS residence or day facility.
 - Provide buddies for buddy programs.
 - Invite PLWAs to participate in social, worship, and other activities.
6. Expand the church library to include books, videos, and other resources on HIV/AIDS.
 7. Display any or all of the following:
 - AIDS quilt panels.
 - Photo studies of The Names Project.
 - The Covenant to Care poster.
 - News items of related social justice concerns (rights to insurance, housing, et al.)
 - Posters with local AIDS information, hotlines, and safer sex messages.
 8. Obtain and show videos regularly (and repeat periodically) such as:
 - "AIDS, A Healing Ministry"
 - "Threads of Love"
 - "Common Threads: Stories from the Quilt"
 9. Invite a self-identified HIV-positive person to lead worship, preach, or sing at your church.
 10. Take an HIV-positive person or caregiver to lunch.
 11. Develop healing services specifically designed for PLWAs.
 12. Form an HIV/AIDS advisory group to advise all segments of your church on ways to be inclusive of PLWAs.
 13. Provide space in your church for various support groups of people impacted by HIV, including family members, persons infected, caregivers, and siblings.
 14. Encourage your church to subscribe to and circulate magazines that address issues of diversity and inclusiveness in order to broaden understanding of issues frequently associated with HIV/AIDS.
 15. When appropriate, refer people to local HIV/AIDS organizations.
 16. Find out about both secular and church-affiliated HIV/AIDS groups in the community.
 17. Ask to be put on the mailing list of local AIDS agencies in order to stay abreast of what is going on, not only within your own community but in the nation as well.
 18. Talk with others who work with persons living with HIV to share information, gain psychological support, and learn about resources on how to handle specific situations.
 19. Encourage the development of annual continuing education opportunities for laity and clergy within your annual conference, community, and local church.
 20. Advocate for PLWA-supportive legislation at the local, state, and national levels.
 21. Encourage your local newspaper to cover what you are doing in ministry with PLWAs. Write letters to the editor concerning HIV/AIDS issues.
 22. Encourage local media to carry more HIV/AIDS-related items.
 23. Contribute financial support to local and national church-related efforts on behalf of HIV/AIDS concerns, including the HIV/AIDS

Ministry Advance Special #982215-6 and the Mutti AIDS Ministries Fund of the Health and Welfare Ministries. The Mutti Fund, established in memory of Tim and Fred Mutti, sons of Bishop Fritz and Etta Mae Mutti, provides support to local HIV/AIDS ministries.

24. Arrange trips for confirmation classes or youth groups to AIDS-related events, such as:

- AIDS history and cultural events, plays, or documentaries.
- Political rallies.
- Fundraisers.
- Human services conferences or workshops.
- Religious and spiritual services, seminars, and retreats.

25. Develop a district and/or conference HIV/AIDS task force to support the work of local congregations.

26. Allow and encourage AIDS/HIV groups to meet in your church; initiate contact and welcome them.

27. Work for the passage of civil rights bills and positive legislation related to HIV/AIDS.

28. Work closely with your conference HIV/AIDS task force and use the resources of the Health and Welfare Ministries of the General Board of Global Ministries to develop petitions to annual conferences and General Conference concerning needed HIV/AIDS legislation.

29. Form a prayer circle focused on healing concerns.

30. Add the concerns of PLWAs to the "prayers of the people" and the "corporate prayer" within your church's worship service.

31. Create within your church a supportive environment by:

- Letting people know that you are open and accessible.
- Being available to listen to persons infected with and affected by HIV.
- Being free from judgment, accepting unconditionally the individual as a loved child of God.
- Finding ways to add a personal touch.

32. Know what is available in the way of church curricula and related materials available from Cokesbury.

33. Request and work to see that HIV/AIDS resources are available through your annual conference offices.

34. Work cooperatively with other community agencies whenever possible.

35. Participate in school and community efforts that impact comprehensive HIV/AIDS education, such as curriculum reviews.

36. At worship services and volunteer recognition days, recognize people who work with individuals affected by HIV/AIDS and/or organizations that work with PLWAs.

Resource 6

THINGS ANNUAL CONFERENCES CAN DO

*AIDS is a disease that is relentless and brutal,
that racks the body and tears the spirit
and leaves gaping wounds in the lives of those
who have lost the ones they loved the most.*
From the video "Threads of Love"

WHAT THE CHURCH IS ASKING CONFERENCES TO DO

In 1988 and 1992, the General Conference of The United Methodist Church adopted resolutions dealing with HIV/AIDS ministries and education:

"AIDS and the Healing Ministry of the Church" (Adopted 1988)
"Resources for AIDS Education" (Adopted 1988)
"Global HIV/AIDS Ministry" (Adopted 1992)
"HIV/AIDS Care Giving Teams" (Adopted 1992)
"Pastoral Care and Native American Communities" (Adopted 1992)

Listed below are the measures that General Conference's resolutions ask annual conferences to take.

1. Advocate for:

- Public policies and drugs for the prevention and treatment of HIV.
- Allocation of resources for research and treatment.
- Access to services.
- Policies permitting children with HIV to attend public schools.

- Accurate HIV antibody testing procedures that are voluntary, guarantee confidentiality, and include pre- and post-test counseling.
- Development of adequate numbers of substance abuse prevention and treatment programs.
- Medical autonomy of persons with AIDS to make decisions about their care and to name those who are to make decisions on their behalf.

2. Support:

- AIDS prevention education, human sexuality education, and drug abuse prevention education in church and society for children and youth, as well as adults.
- The development of workplace policies permitting persons with HIV to work as long as they are able and wish to do so.

3. Urge:

- Implementation and enforcement of policies to protect the human and civil rights of persons with HIV and those perceived to be at risk.

4. Request:

- Conference-related healthcare institutions to provide leadership in the creation of services, including hospices and home health care programs for persons with HIV.

The resolutions also set forth the following "principles" regarding ministries in response to AIDS.

- Churches should be places of openness and welcome.
- Ministries should be developed in consultation with local departments of public health and community-based groups and should be supportive of ecumenical and interfaith efforts.
- Educational efforts and materials should be scientifically precise, clear, and explicit and should help people address issues related to sexuality, fear, disease prevention, and death and dying.
- Church workers should be prepared to provide appropriate pastoral care to those whose lives have been touched by HIV.
- Worship services should provide opportunities for AIDS awareness and expressions of pastoral care and concern.
- Congregations should organize to provide emotional, physical, and/or financial help to those who are caring for PLWAs.
- Churches should open their facilities for support groups, meetings, counseling services, recreational activities, office space, volunteer recruiting, and direct services.

These resolutions and principles are instructive and might lead a conference to plan the following types of AIDS activities:

AIDS Advocacy

The AIDS-responsible group in your conference can learn about and take action regarding:

- The policies of health and life insurance carriers.
- Medicare and Medicaid monies, and AIDS care reimbursement levels.
- The care of persons in prison or just released.
- Making your conference a Covenant to Care conference.
- The policies of nursing homes/long-term care facilities.
- Adoption by your conference of the "10 Principles of the Workplace" (available from the Centers for Disease Control, 1-800-458-5321).
- The needs of adoptive and foster care agencies and families.
- Access to language and culturally appropriate HIV/AIDS prevention materials, services, and hotlines (including TDDs to communicate with persons who are deaf).
- Promotion of appropriate language in relation to individuals infected with HIV/AIDS; e.g., avoiding use of words such as "innocent" and "victim."
- The policies of funeral homes and undertakers.
- The discrimination felt by persons and families whose lives have been touched by AIDS.
- Responses of conference clergy to individuals and families infected with or affected by HIV/AIDS.

AIDS Education

A conference AIDS unit can work with area groups to address AIDS prevention education for youth, women, people of color, and those with first languages other than English (including those who use signed languages.)

Consider working with conference youth to develop youth-to-youth education. Black and Hispanic clergy and laity can organize to develop prevention education approaches for their congregations and communities. Women's groups can work within the community for educational outreach to women who are at greatest risk of contracting and transmitting the virus.

Conferences can enlist the help of a Red Cross unit and the Visiting Nurse Association to educate prospective foster and adoptive families, respite volunteers, and baby sitters about the care and nurture of infants and children with HIV infection and illness. The Centers for Disease Control at 1-800-458-5231 and the Health and Welfare Ministries at 212-870-3909 can provide further information, resources, and technical assistance.

AIDS Direct Services

Begin by encouraging congregations to extend existing services to persons with AIDS/HIV infection. The service needs of these individuals are similar to those of other persons living with a chronic, debilitating, and potentially fatal illness. Those needs include: transportation, meals, visitation, respite care, telephoning, child or adult daycare, and shopping companions. If these services don't exist or are inaccessible in your community, they might be just what is needed. Cooperate with other churches and community-based groups to get them going.

Capitalize on person-to-person interaction that draws on the expertise of conference and local church members. Use knowledgeable church members who are nurses, physicians, or public health workers to provide in-home

instruction on infection control. Ask members who are lawyers to help people living with HIV disease write wills and handle other legal matters. CPAs and tax consultants can prepare income tax statements and benefit forms.

Church space can become the site of direct services provided by community groups or members. Dental clinics, daycare, recreational activities, and support groups are common examples.

AIDS hospice care, long-term care, and housing programs need backup from hospitals and clinics as well as healthcare, institutional and social service providers and networks. Intersectoral cooperation and multiple funding sources are needed. Ecumenical and interfaith endeavors have been successful and are recommended over unilateral approaches. Seek the counsel, commitment, and involvement of conference-related institutions.

AIDS Pastoral Care and Ministries of Compassion and Support

Persons who have AIDS need and want the companionship of those who bear Christ's name. Within the community of faith, people can be helped to live to the fullest (spiritually, emotionally, and physically) in the midst of serious illness. Individuals can be counseled as they confront the realities of dying and death. Families and loved ones can be cared for and supported. Churches and conferences are called to set the example of openness and acceptance, to love unconditionally and consistently.

IDEAS FOR ANNUAL CONFERENCE ACTION

1. Designate responsibility for AIDS ministry and planning.

In planning for AIDS ministry, keep in mind conference structural concerns and the need for the ministry to be handled by caring people who will create an atmosphere of openness and

acceptance. Consider all of the following options: assigning HIV-related concerns to an existing unit or committee; creating an AIDS task force or committee; including persons living with HIV, family members, and loved ones on your conference AIDS group; asking health professionals and staff/volunteers with community-based organizations to take part. Whenever possible, build specialized expertise into the group.

2. Resource your conference's group.

People want to be informed and to discuss concerns and anxieties they have about AIDS and the transmission of HIV. Those in HIV ministries also need to be aware of the latest developments in the field.

State departments of public health have informational and human resources. Call upon them and have them identify others who can help. Red Cross units and Visiting Nurse Associations are good resources, as are many healthcare professionals. Arrange a training session for the group responsible for HIV-related concerns, if needed.

National resource organizations, state AIDS organizations, and hotlines exist across the country. For information about helpful organizations in your area/region, call the National AIDS Information Clearinghouse at 1-800-458-5231. Deaf and hearing-impaired persons may call by TDD at 1-800-243-7012. For information about other faith communities' responses to HIV in your area/region, call the AIDS National Interfaith Network at 1-800-288-9619. For information concerning The United Methodist Church's response to HIV/AIDS, call the Health and Welfare Ministries at 212-870-3909.

3. Communicate that AIDS ministries and awareness are conferencewide concerns.

Ask the bishop to send an episcopal letter to the churches to let them know about compassionate ministry to persons living with HIV and their loved ones. In some instances, an episcopal letter is interpreted by churches as "permission" to engage in AIDS ministries and

by pastors as encouragement to challenge congregations to respond. This "permission" might be what some congregations need in order to get started. Resolutions adopted by General Conference in 1988 and 1992 further clarify that the issues of HIV/AIDS are concerns for every annual conference and local church.

4. Do a survey of AIDS needs and awareness.

An episcopal letter can let it be known that a conferencewide survey will be conducted to assess AIDS needs and awareness and can ask every pastor (or appropriate committee within the local church) to respond. The Health and Welfare Ministries has sample surveys available for adaptation by annual conferences and task forces.

5. Cooperate with other agencies, organizations, and religious/fait h groups.

If you have conducted a needs and awareness survey, turn to others to see if they have resources and expertise to help your conference address the findings of the survey. The AIDS National Interfaith Network, 110 Maryland Ave., Suite 504, Washington, DC 20002, can tell you about interfaith and religious resources in your area. For the names of conference contact persons who might be able to assist you, contact the Health and Welfare Ministries, General Board of Global Ministries (212-870-3909, Fax 212-749-2641; Internet aidsmin@gbgm-umc.org).

Names and phone numbers of organizations addressing the needs of specific groups (people of color, women, PLWAs, families, intravenous drug users) can be obtained through the AIDS National Information Clearinghouse at 1-800-458-5231.

6. Propose an AIDS ministries mission statement for the conference.

Based on survey findings and/or on the resolutions which have been adopted by the church, develop a mission statement and an AIDS awareness event for your annual conference session.

7. Ask your conference to be a Covenant to Care conference and call upon each local church to become a Covenant to Care congregation.

The concept, developed with local congregations in mind, can be adapted to the conference level. The information calls upon congregations (and, in this instance, conferences) to develop Covenant to Care statements proclaiming, "If you have AIDS or are the loved one of a person who has AIDS, you are welcome here." Such statements can draw upon the church resolution "AIDS and the Healing Ministry of the Church." Colorful Covenant to Care posters and bulletin inserts can be obtained through the General Board of Global Ministries' Service Center, 7820 Reading Road, Cincinnati, OH 45222-1800, by requesting a catalog and order form.

8. Seek conference approval to designate an AIDS Awareness Sunday.

Many conferences observe an AIDS Awareness Sunday. This occasion is a means of promoting AIDS awareness and the needs of those whose lives have been touched by AIDS. It provides a special opportunity to raise funds for the AIDS Advance Special or in support of the AIDS work of the conference. The Health and Welfare Ministries suggests that, if possible, the Sunday closest to World AIDS Day (December 1) be designated as AIDS Awareness Sunday. You might sponsor an interfaith/ecumenical/communitywide AIDS Awareness Sunday. *Worship Resource for HIV/AIDS Ministries*, a booklet developed by the Health and Welfare Ministries, will help you design your service. It is available from the Service Center.

9. Enroll in the HIV/AIDS Ministries Network.

Made up of United Methodists and others who care about the global AIDS crisis and those whose lives have been touched by AIDS, the HIV/AIDS Ministries Network is maintained by the Health and Welfare Ministries. Members receive regular mailings in the form of Focus Papers and information on new resources that are available. Anyone can enroll.

10. Call the Computerized AIDS Ministries Resource Network (CAM).

CAM is a bulletin board computer system that enables any conference, local church, or individual with a computer and modem to access the most current information about HIV/AIDS, to communicate with other users of CAM for networking and support, and to communicate directly with the Health and Welfare Ministries to request technical assistance and answers to questions. CAM can be accessed via telnet/FTP/WWW at hwbbs.gbmg-umc.org, or by dialing 212-222-2135 through your computer modem and setting your modem to 8, N, 1 and any common speed up to 14.4 bps.

11. Lift up AIDS ministry needs and concerns in conference mailings.

Use information from local sources or from the HIV/AIDS Ministries Network's Focus Papers to maintain a high profile on AIDS ministries within the conference. In some instances people feel AIDS is not an issue in their area, or it might be a concern people would like to forget. To bear Christ's name is to be called to engage in AIDS ministry and awareness. Find ways to keep facts about AIDS and the duties of the church on your conference's agenda.

12. Work with conference-related institutions to help meet direct service needs.

Conference-related helping and healing institutions represent a wealth of expertise in serving people who are in need. Work with these institutions to address state/regional needs for foster care and adoptive families for infants and children with HIV infection and related illnesses. Institutions that provide these services can link up with the Red Cross and other community groups that are prepared to teach families and individuals to be care providers to persons living with HIV infection and illness.

The long-term care needs of persons with AIDS and related illnesses will increase among those individuals who have developed HIV-related dementia or who are in need of nursing care beyond an acute care setting. Conference-

related nursing homes and long-term care facilities have responsibilities in this regard.

Community centers and daycare centers can train their staff to work safely and effectively with clients who have HIV infection. The demands for child and adult daycare will increase.

United Methodist-related institutions have a moral obligation to live out the stance of the general church in matters including how it responds to HIV/AIDS in the community.

13. Be prepared to address HIV infection and employment at the conference level.

General Conference has called upon the church at all levels to support the development of workplace policies permitting persons living with HIV infection and related illnesses to work as long as they are able and wish to do so, with medical assurance that their presence in the workplace does not constitute a threat to co-workers. The importance of enabling people living with HIV-related illnesses to continue working for as long as possible applies to clergy and laypersons. Since the implementation of the Americans with Disabilities Act, having nondiscriminatory workplace policies on HIV infection is of utmost importance.

The general program agencies and general commissions have developed policies in keeping with the stance of General Conference and with the knowledge that HIV is not transmitted to others through casual contact in the workplace. Copies of workplace policies may be secured through the personnel offices of the agencies and commissions.

Develop conference policies to assure pastors and laypersons that they will not be discriminated against with regard to their employment, assignments, or benefits should they be or become HIV-infected.

The Centers for Disease Control have developed a comprehensive packet of resources related to HIV/AIDS in the workplace, including "10 Principles for the Work Place," which you will find helpful in your work.

14. Work to make your conference, conference office, and local churches places of openness, where:

- Persons whose lives have been touched by AIDS can name their pain and reach out for compassion and consolation.
- Pain finds Christ's mercy and the love and companionship of those who bear his name.
- Those whose lives have been touched by AIDS will be upheld and sustained by the knowledge that God's mercy has no end, that God has received those who have died, and that the wounds of the living will be healed.

Order a copy of the video "Threads of Love: A Tapestry of Remembrance" from the Health and Welfare Ministries and use it with groups to help people realize that the face that AIDS wears is always the face of a person created and loved by God.

Resource 7

THINGS INSTITUTIONAL AND DIRECT SERVICE MINISTRIES CAN DO

A Resource of Health and Welfare Ministries, General Board of Global Ministries, The United Methodist Church

Direct service programs related to connectional units of The United Methodist Church have roles to play as providers of direct services, employers, educators, and service advocates and coordinators. If your agency/direct service program has not done so already, put together a team of people to develop appropriate policies, program directions, and procedures regarding HIV/AIDS. Consider including on this team your chief of operations, director of services, legal counsel, governing board members, representatives of the served community, and persons living with HIV disease.

As Providers of Direct Services

- The services you provide can be critically important to persons living with HIV/AIDS, their families and loved ones. These include: long-term care, nursing care, food services, residential care, daycare, adoptive and foster placement, shelters, community center programs, healthcare, hospice care, transportation, camping opportunities, nursery care, and emotional/spiritual support.
- Do not discriminate against persons with HIV/AIDS who seek the services you have to offer. All persons are children of God and of infinite worth to the Creator. Individuals who are HIV-positive are classified as persons with disabilities/handicapping conditions and are therefore covered under federal legislation. The Americans with Disabilities Act of 1990 (ADA-90) covers persons with HIV (including asymptomatic infection) and extends federal anti-discrimination protection to them in the public and private sectors with regard to employment, services, and accommodations. Besides the moral obligation, your agency/direct service program is also legally liable, under certain circumstances.
- Be actively involved in the community to find out about persons living with HIV/AIDS who are in need of the services you have to offer. Include these individuals in your served community. Let them and their families know that your services are there for them. Incorporate persons living with HIV/AIDS and/or their loved ones in the development and delivery of programs and services.
- Stay informed about employee/clientele risks, rights, and duties regarding HIV infection and AIDS.
- Make a Covenant to Care within your organization. Let it be known that persons living with HIV/AIDS and their loved ones are welcome in your facility and that your services are open to them.

As Employers

- Make AIDS prevention education available regularly to all employees at all levels. (Provide education through a program of your own or in cooperation with community-based AIDS service organizations, your local public health department, a Red Cross chapter, or a Visiting Nurse Association.) The Centers for Disease Control have a comprehensive resource packet developed specifically for employee education through their "Business Responds to AIDS Program" at 1-800-458-5231.
- Provide education about HIV/AIDS and the needs of persons with HIV/AIDS to your governing board. Periodically provide your governing board members with the latest information concerning HIV/AIDS.
- Develop workplace policies regarding HIV infection and related illnesses which uphold the position of The United Methodist Church and federal anti-discrimination legislation. Information on legislation passed by General Conference and the pastoral statement issued by the Council of Bishops on the appropriate response of United Methodist churches, agencies, and related institutions are available from the Health and Welfare Ministries.

- Develop standard operating procedures for universal infection control and educate all staff and volunteers about them. Ask state and local health officials and infection control specialists to help design a standard operating procedure and training programs.

As Educators

- Cooperate with other community-based organizations to train volunteers, family members, and loved ones as direct care partners with persons with HIV/AIDS.
- Work with community-based organizations to provide scientifically sound, culturally appropriate, language-of-choice HIV/AIDS prevention education. Cooperate with and make use of organizations and groups that work with individuals at greatest risk of contracting and transmitting HIV.

As Service Advocates and Coordinators

- Explore the HIV/AIDS service needs in the community. Advocate for services and funds to meet these needs. Explore how your agency/direct service program could be adapted or expanded to meet these needs.
- Develop expertise in service coordination and/or lend support to established systems of coordination and case management that already exist.

Resource 8

SAMPLE COVENANT TO CARE STATEMENTS

The following are some sample Covenant to Care Statements received by the Health and Welfare Ministries. Some of these were written as early as 1988 and therefore use outdated terms. They have been reproduced in their original words. The statements are organized alphabetically by church or organization name.

AVIS UNITED METHODIST CHURCH AVIS, PENNSYLVANIA

To be the church means to be those believers in Christ who are "called out" from society to be different. Being different means that in all we say, do, and think, we demonstrate our love for God and one another. Christ commands us to love one another as he has loved us. He calls us to lives of compassion and service to carry on the work of righteousness.

As members of the Avis United Methodist Church we covenant to be the church to each other, to offer hospitality to all persons, and to build an intentional faith relationship which is open to the spirit, rooted in Biblical faith, and grounded in United Methodist tradition. We expect all members to be part of the ministry of all Christians.

We recognize that we are all needy, sharing our brokenness in a broken world. We all seek a healing faith with one another. When we gather at the Table of our Lord, we welcome the whole realm of God's fellowship, recognizing that even in our individual brokenness there is no division in Christ. We are all accepted and one.

In this spirit, the Avis United Methodist Church welcomes anyone who has tested positive for the HIV virus, persons living with AIDS, their families and loved ones into our congregation. We recognize the gifts and strengths persons with AIDS bring to our fellowship. In addition, we hope that this

witness will help our society overcome its divisions, fears, and prejudices.

In the name of Jesus Christ, all are welcome at Avis United Methodist Church.

THE DETROIT ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

AIDS MINISTRY AND THE "COVENANT TO CARE"

1. Affirms the "Covenant to Care" and declares that during our 150th session meeting in Adrian, Michigan, June 4-8, 1991, "If you have AIDS or are the loved one of a person who has AIDS you are welcome here."
2. Encourages each church within our conference to discuss and begin implementing "AIDS and the Healing Ministry of the Church" (*Book of Resolutions 1988*, pages 101-106) prior to General Conference of 1992.

SUPPORTING INFORMATION

Section II of "AIDS and the Healing Ministry of the Church" contains these words: "As a church we resolve that churches should be places of openness and caring for persons with AIDS and their loved ones. The church should work to overcome attitudinal and behavioral barriers in church and community that prohibit the acceptance of persons who have AIDS and their loved ones."

The 1988 Resolution draws to a close: "As members of The United Methodist Church we covenant together to assure ministries and other services to persons with AIDS. . . . We ask for God's guidance that we might respond in ways that bear witness always to Jesus' own compassionate ministry of healing and reconciliation; and that to this end we might love one another and care for one another with the same unmeasured and unconditional love that Jesus embodied."

AIDS is a national and worldwide crisis. The total number of men, women and children who have already died from AIDS . . . has become so large that we have difficulty comprehending what it means.

Those who are living with AIDS or AIDS-related complex and those infected by the Human Immunodeficiency Virus who may possibly develop AIDS represent a far greater and almost unimaginable number. Every knowledgeable prediction of the future of HIV disease foresees significant increases in the numbers of persons affected.

While the medical community seeks ways of combating the disease by treating those who have it, the church can offer support, concern, and openness as its contribution to healing the wounded.

The pain and suffering of this virus-caused disease are compounded by the prejudices and fears we have toward persons with AIDS. Isolation remains a constant problem for every person experiencing the disease.

The delegates at the 1988 General Conference recognized the unique place the church holds by demonstrating the compassionate love of Christ to persons with AIDS, their families, and loved ones. The guidelines they provided in the resolution set before us gives us an opportunity to respond creatively in redemptive ministry.

The concern of the 1988 Resolution, summarized in item 1 above, is a message of compassion which can be adopted by each church and will provide a basis for further involvement in an AIDS ministry.

The United Methodist Church is already at work on the national level through the HIV/AIDS Ministries Network, part of the Health and Welfare Ministries.

FAIRLINGTON UNITED METHODIST CHURCH ALEXANDRIA, VIRGINIA

Fairlington United Methodist Church is a Christian community that seeks to bring peace to a broken world and healing to our neighbors in need. We seek to affirm God's love for all who have been touched by the HIV/AIDS epidemic. The mission of the Fairlington UMC AIDS Ministry is to educate our community about HIV/AIDS, to reduce the fears and prejudices that surround the disease, and to provide direct services to meet the needs of those who are living with HIV/AIDS.

FAITH UNITED METHODIST CHURCH LOS ANGELES, CALIFORNIA

If you have AIDS or are the loved one of a person who has AIDS you are welcome here.

"As members of The United Methodist Church we covenant together to assure ministries and other services to persons with AIDS. . . . We ask for God's guidance that we might respond in ways that bear witness always to Jesus' own compassionate ministry of healing and reconciliation; and that to this end we might love one another and care for one another with the same unmeasured and unconditional love that Jesus embodied."

From The United Methodist Church's resolution "AIDS and the Healing Ministry of the Church," *Book of Resolutions, 1988*.

African-American AIDS Outreach Model Summary

Program: Adopt an AIDS Patient

The Adopt an AIDS Patient program was initiated by the Administrative Council of Faith UMC in 1988, after the pastor challenged the congregation to outreach ministry that made a difference.

Before the implementation of this program, AIDS was often discussed from the pulpit. In this way the congregation was often reminded of its responsibility as a Christian church to be

prophetic in its ministry to the church and community at large. In addition, frequent attention was given by the pastor on Sunday mornings; and three years of annual programs of special emphasis were given to AIDS education.

A special worship service during the regular Sunday morning worship hour was also used to encourage PLWAs and offer support for general education among the community and congregation.

FIRST UNITED METHODIST CHURCH ONEONTA, NEW YORK

Because AIDS (Acquired Immune Deficiency Syndrome) is surrounded by myth and misunderstanding, it is the intention of the First United Methodist Church of Oneonta, New York, to serve as a reference for appropriate responses to AIDS, both as individuals and as a church. AIDS must be dealt with in an open and honest manner, respecting the rights of privacy of all individuals and their significant others.

As a congregation we already have lovingly ministered to persons who are HIV-positive or are living with AIDS (PLWAs) through being active in the local "Buddy Program," opened our doors to support groups for both men and women, donated office space and funding for the Southern Tier AIDS Program (STAP) caseworker, co-sponsored educational seminars in conjunction with STAP, and most recently become involved with the "Living Well Commission," the first statewide organization in the country devoted to empowering PLWAs to live a more enjoyable, healthy, productive, and less stigmatized life.

Be it known therefore that the First United Methodist Church of Oneonta welcomes all persons with HIV/AIDS infection and their loved ones. In doing so, we as a church covenant to commit financial and human resources in the following ways:

- a. promise to affirm the sacred worth of all persons with HIV/AIDS (PLWAs).
- b. covenant to exist as a place of hope and celebration.

- c. covenant to be companions to persons who are ill and alone.
- d. covenant to provide care when caregivers need respite.
- e. covenant to provide ongoing supportive fellowship for staff and volunteers who are working with PLWAs.
- f. covenant to work with other churches and community groups to address the social issues related to HIV/AIDS.
- g. covenant to see that AIDS prevention strategies become a reality.
- h. affirm that persons with HIV/AIDS (PLWAs) have much to offer our congregation.
- i. covenant to work with PLWAs through organizations such as the "Living Well Commission" to allow them to be a part of the decision-making process regarding the course of their lives.
- j. covenant to care, fully realizing that AIDS is a disease which is relentless and brutal, which attacks the body, tears the spirit, and leaves large wounds in the lives of those who have lost the ones they loved the most.

This statement is based on a keynote address given by Ms. Cathie Lyons, associate general secretary of Health and Welfare Ministries, General Board of Global Ministries, The United Methodist Church. It was approved by the First UMC Administrative Board on January 25, 1993.

MISSOURI UNITED METHODIST CHURCH COLUMBIA, MISSOURI

AFFIRMATION OF CHRISTIAN LOVE AND FELLOWSHIP WITH THOSE AFFECTED BY HIV

Love thy neighbor as thyself. Few would contest that simply stated premise. However, to love a neighbor who has AIDS invariably brings about a much more complex reaction.

AIDS is, at present, an incurable disease caused by the Human Immunodeficiency Virus. The virus can be passed by a blood transfusion (though screening of blood has improved remarkably in recent years); by sharing of needles, as in intravenous drug use, or by an accidental needle stick; by intimate sexual contact, as in intercourse; by any traumatic exposure; by any act which would expose blood with blood, or blood with semen or vaginal fluids; or by sharing infected blood, as with pregnancy and delivery.

There are no reports that casual contact, such as regular kissing, hugging, or handshaking spreads the disease. Children or siblings of AIDS-infected people can live in the same household and not become infected. The fear of contact with someone with AIDS must be overcome while maintaining reasonable and scientifically justified precautions to prevent exposure to the bodily fluids which can transmit the virus.

We must accept that AIDS is a disease which involves our church family; it may at some point involve our personal family. AIDS cannot be classified as "someone else's problem." We must then, as a church, begin to educate ourselves and our community, so that family members with AIDS can be better understood and loved, the same as anyone else in our family, church, and community who has a terminal disease.

Dealing with matters of serious illness and terminal disease is always difficult. The church's role is to be the body of Christ, to extend Christ-like love and care to those who are hurting and in need, just as Christ did in his earthly ministry. As a portion of the body of Christ, Missouri United Methodist Church affirms and practices the following ministries to AIDS patients and their families:

1. **Worship and the Sacraments.** The worship services of the church and sacraments of Christ are always open to persons with AIDS, their families, and their loved ones.

2. **Pastoral Care.** The pastoral ministries of the clergy of MUMC are available to persons with AIDS, their families, and their loved ones, just as they are to persons with any other injury or disease. This pastoral ministry includes hospital visitation, supportive pastoral care, memorial and funeral services, and grief support.
3. We welcome the contributions and participation of all. Persons with AIDS, their families, and loved ones are welcome in all of the programs of education, music, outreach, mission and fellowship of MUMC. These include, but are not limited to: the church school, music groups, youth groups, and the various mission outreach ministries of the church.
4. In these and other ways we at Missouri United Methodist Church will strive to express a Christ-like compassion to our members and neighbors who are affected by HIV. We seek to remember that we are all children of God and to live out Christ's admonition to "love thy neighbor as thyself."

SAG HARBOR UNITED METHODIST CHURCH

SAG HARBOR, NEW YORK

As members of the Sag Harbor UMC we covenant together to assure ministries and other services to persons with AIDS. We ask for God's guidance that we might respond in ways that bear witness always to Jesus' own compassionate ministry of healing and reconciliation; and that to this end we might love one another and care for one another with the same unmeasured and unconditional love that Jesus embodied.

Resource 9

RESOLUTIONS AND STATEMENTS BY RELIGIOUS ORGANIZATIONS

Resource 9 contains two of the resolutions on HIV/AIDS and the church that the General Conference of The United Methodist Church has adopted. There are others. Health and Welfare Ministries will send single copies of the General Conference resolutions and the Bishops' statement on AIDS (1988) upon request.

This resource also contains an interfaith statement called "The Council Call," which was released in 1994. You can order multiple copy orders of "The Council Call" from Health and Welfare Ministries or freely reproduce it from in this book.

AIDS AND THE HEALING MINISTRY OF THE CHURCH

A Resolution Adopted by the 1988 General Conference

I. AIDS AND THE GOSPEL OF WHOLENESS

As United Methodists we confess that the God known in Jesus Christ is the One who "makes all things new," who promises to redeem past failures and sends an empowering Spirit to support us when we seek to enact the divine will.

According to the Gospel of Luke (4:16-21), Jesus identified himself and his ministry with that of the servant Lord: the one who Isaiah tells us was sent to bring good tidings to the afflicted; to bring hope to the brokenhearted; to proclaim liberty to the captives; to comfort all who mourn; to give them the oil of gladness, and the mantle of praise instead of a faint spirit (Isaiah 61:1-3).

There is no doubt that the Gospel entrusted to the church as the body of Christ is a Gospel of wholeness that calls us to a ministry of healing, a ministry which understands healing not only in physiological terms but as wholeness of mental, physical, spiritual, relational and social being.

Diseases spring from complex conditions, factors, and choices. It is not helpful to speak of diseases in inflammatory terms like "punishment for sin." The Gospel challenges us to respond with compassion that seeks to enable the physical and spiritual wholeness God intends in the lives of all persons affected by Acquired Immune Deficiency Syndrome (AIDS).

With the Apostle Paul, we assert that "neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation will be able to separate us from the love of God in Jesus our Lord" (Romans 8:38-39).

In the spirit of the One who makes all things new, who empowers the people of God for ministries of healing and hope even in the midst of a frightening epidemic, The United Methodist Church and its members are called to respond

to the epidemic of Acquired Immune Deficiency Syndrome by engaging in ministry, healing, and social responsibility consistent with the Church's understanding of the Gospel imperatives.

II. AIDS AND THE CHURCH AS A HEALING COMMUNITY

The Church as a healing community, empowered by the Holy Spirit, is called to confession, celebration and action.

A. As a Church we confess:

That until now our response to AIDS has been tardy and inadequate; that we have failed to call political leaders to account for their slowness and lack of compassion; and that when challenged by the assertion that AIDS is God's punishment, we have failed to offer a grace-filled alternative, consistent with an understanding of the whole Gospel of Jesus Christ.

B. As a Church we celebrate and offer thanksgiving:

For the pioneering and self-sacrificial work of persons who have developed volunteer ministries of service to persons with AIDS (PWA's), and for the disease prevention education work which has reduced both the sexual transmission and blood-transfusion-associated transmission of AIDS.

We celebrate the leadership of local churches and annual conferences which have begun ministries in response to AIDS; the guidance provided during the 1984-88 quadrennium by the General Boards of Global Ministries, Church and Society, and Discipleship.

C. As a Church we resolve that:

1. Churches should be places of openness and caring for persons with AIDS and their loved ones. The church should work to

overcome attitudinal and behavioral barriers in church and community that prohibit the acceptance of persons who have AIDS and their loved ones.

2. Ministries in response to AIDS will be developed, whenever possible, in consultation and collaboration with local departments of public health and community-based groups that have already identified priorities for action, and will be supportive of ecumenical and interfaith efforts.
3. Educational efforts must include reliable medical and scientific information and theological and biblical components that enable participants to address issues related to death and dying, human sexuality, and the recognition of people's fear and lack of knowledge. Such educational efforts can prepare congregations to respond appropriately when they learn that a member has been infected with HIV (the Human Immunodeficiency Virus) or diagnosed with AIDS, and can lead to the development of compassionate rational policies, educational materials, and procedures related to the church school, nurseries, and other issues of institutional participation.
4. Pastors, paid workers, and volunteer Church workers should prepare themselves to provide appropriate pastoral care and counseling to persons living with AIDS or AIDS-Related Complex (ARC) and the loved ones of these persons.
5. Liturgical and worship life should provide opportunities for education as well as an expression of pastoral care. Worship provides a time for celebration and the lifting up of special concerns.
6. Congregations should organize to provide emotional, physical, and/or financial support to those in their community who are caring at home or elsewhere for a person who has AIDS.
7. Local churches should use their resources to respond to the AIDS crisis. These may include support groups, counseling, grants,

providing a location for recreational activities for persons with AIDS, and recruiting volunteers or offering office or meeting space for community-based organizations.

- D. As a Church we call upon our general agencies, annual conferences, local churches, and members to:
 1. Work for public policies and the allocation of resources to ensure the availability of appropriate medical, psychological, and support services for all persons infected with HIV. These programs should afford the greatest amount of independence and self-determination possible for persons with AIDS within the framework of their individual circumstances.
 2. Advocate that children infected with HIV be permitted to attend regular school so long as they are able and wish to do so, and while their presence does not constitute a threat to their own health or the health of others.
 3. Advocate for the development of accurate testing procedures which are voluntary and which guarantee confidentiality, including counseling services. The ability to test for antibodies to the AIDS virus is a useful AIDS prevention strategy in some instances. However, even voluntary use of antibody testing as a preventive effort will require the assurance of levels of confidentiality and anonymity.
 4. Support AIDS prevention education in church and society that provides both the information and motivation required for persons to change their behavior so as to reduce or eliminate the risk of infection. Because sexual and intravenous drug using activities can begin at a very young age, we encourage school boards to initiate AIDS education activities at the elementary school level. We affirm the necessity for comprehensive health education, including human sexuality and drug abuse prevention designed for children and youth. We call for the development of adequate numbers of drug treatment programs to care for persons who are dependent on the use of illicit drugs. We support the provision of detailed

information and other resources that will prevent intravenous drug users from sharing needles as a part of the larger effort to prevent the further spread of AIDS.

5. Urge implementation and enforcement of policies and, if necessary, legislation to protect the human and civil rights of persons infected with HIV, persons perceived to be at risk for such infection, and persons with AIDS or AIDS-related conditions. We urge efforts to investigate thoroughly, document, and prevent prejudice and violence against all persons who have AIDS or are perceived as being at risk for AIDS.
6. Support the development of workplace policies that permit all persons with AIDS/ARC to work as long as they are able and wish to do so, with medical assurance that their presence in the workplace does not constitute a threat to co-workers or others.
7. Encourage healthcare providers to regard persons with AIDS as the appropriate decision makers about their care, to respect their wishes to seek or refuse specific treatments, and to honor their determination about persons who will make decisions on their behalf should they become unable to decide themselves.
8. Request the health-related and healthcare institutions of The United Methodist Church to provide leadership in the creation of services including hospices and home healthcare facilities for AIDS and HIV patients, to publicize their services to these patients in beneficial ways; and wherever possible join with other agencies in research activities.
9. Work for public policies and the allocation of public resources for research and prevention, treatment and elimination of AIDS-related diseases. Monitor private insurance company policies related to coverage and benefits for persons with AIDS and HIV-related diseases.
10. Encourage worldwide cooperation by all countries in sharing research facilities and

findings in battling this disease, mindful that governments, churches, families, and persons in every region of the world are affected by the AIDS epidemic.

- E. We commend interagency efforts by the General Boards of Discipleship, Church and Society, and Global Ministries to address the AIDS crisis and urge the continuation and growth of this work to envision, create, and help facilitate a plan for AIDS ministry and education within The United Methodist Church. We urge these boards immediately to inform and enlist the annual conferences in the work of this ministry and to continue to report their action to the General Conference.

The global AIDS pandemic provides a nearly unparalleled opportunity for witness to the Gospel and service to human need among persons, many of whom would otherwise be alone and alienated from themselves, other people, and God. The Christian gospel of wholeness calls us to a complete and full dedication of our bodies as temples of the Holy Spirit. We are called, also, to a ministry with and among all persons, including those whose lives are touched by AIDS. As members of The United Methodist Church we covenant together to assure ministries and other services to persons with AIDS, based on the reality of meaning and hope in and for their lives, of whatever duration they may be. We acknowledge the spiritual and personal growth that can be experienced by persons facing AIDS in their own life or the life of a loved one, and we give thanks for the witness to God's empowering love contained in that growth. We ask for God's guidance that we might respond in ways that bear witness always to Jesus' own compassionate ministry of healing and reconciliation; and that to this end we might love one another and care for one another with the same unmeasured and unconditional love that Jesus embodied.

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THE CHURCH AND THE GLOBAL HIV/AIDS EPIDEMIC

A Resolution Adopted by the 1992 General Conference

The United Methodist Church will work cooperatively with colleague churches in every region in response to the global HIV/AIDS epidemic which is affecting the health and well-being of individuals and communities worldwide. The Old Testament is replete with calls to the nations and religious leaders to address the needs of the people who are in distress; who are suffering and ill. The New Testament presents a Jesus who reached out and healed those who came to him, including those who were despised and rejected because of their illnesses and afflictions. Jesus' identification with those who suffer was made clear in his admonition to his disciples that whatsoever you do to the least of these you do also unto me. (Matthew 25:40) His great commission to his followers to go and do as he has done is a mandate to the church for full involvement and compassionate response.

The Geneva-based World Health Organization estimates that by the year 2000, the number of people infected with the Human Immunodeficiency Virus (HIV) which causes HIV-related illnesses, including AIDS, will reach 40 million. The suffering being borne by individuals, families, and entire communities, and the strain being placed on health facilities and national economies calls for intensified cooperative efforts by every sector of society to slow and prevent the spread of infection, to provide appropriate care for those already infected and ill, to speed the development of effective affordable treatments and vaccines to be available in all countries, and to provide support to care providers, communities, healthcare workers, health facilities and programs. The presence of HIV infection has been found in all five geographical regions and HIV illnesses have been reported to the World Health Organization by nearly 200 countries.

Worldwide, HIV infection has been transmitted primarily through heterosexual intercourse with infected persons, as well as in some regions through homosexual/bisexual

sexual contact with infected persons, through blood-to-blood contact, including the transfusion of infected blood and blood products; through infected transplanted organs and donated semen; through the use of infected instruments as well as skin piercing objects associated with ceremonial or traditional healing practices; through sharing of infected needles and equipment by injection drug users; from an infected woman to her fetus/infant before or during childbirth, and in some instances after delivery through infected breast milk.

The economic, social, demographic, political, and health system impact of HIV infection and related illnesses is being felt in innumerable ways. Worldwide, women and children increasingly are being affected by the spread of HIV infection. As larger numbers of women of childbearing age are infected and give birth, larger numbers of infants are born with HIV infection. As larger numbers of parents are infected and die, larger numbers of children are orphaned, and extended families are called upon to provide care for greater numbers of family members.

Population growth rates, age structures, labor supply, and agricultural productivity will suffer negative effects as younger age group members and women are infected and become ill. The repercussions of HIV infection and illness will be particularly grave for families and societies where the extended family is the main or only system of social security, for family members who are aged or ill, and for the nurture of orphaned children.

Gross national products may decrease in areas with high rates of HIV infection, morbidity, and mortality. Crimes of hate and instances of neglect and rejection may increase against gay and bisexual men, injection drug users, prostitutes, and others who are assumed to be carriers of HIV. Available health dollars and resources will be affected in the process of caring for larger numbers of persons with HIV

illnesses and owing to the costs of securing, distributing, administering, and monitoring the effects of new treatments and drug therapies as they become more readily available. The advances of the child survival revolution may be offset as the health of greater numbers of children are infected. It is not known how health systems in any region will be able to manage the additional caseloads in a world in which as many as 40 million people may be infected with HIV by the year 2000. The potential to reject and refuse care to persons with HIV is likely to increase until such time as low-cost effective vaccines and therapeutic agents are produced and readily available to all.

In its 1988 Resolution on AIDS and the Healing Ministry of the Church, General Conference affirmed that "the global AIDS pandemic provides a nearly unparalleled opportunity for witness to the Gospel and service to human need among persons." Across the world, United Methodist-related public health specialists, health workers, social workers, teachers, missionaries, clergy, and laity are living and working in cities, towns and villages where HIV infection and illness are endemic. In all regions, churches, congregations, health facilities, schools, men's, women's and youth groups exist which can provide support, nurture and education in the midst of the HIV epidemic.

THE UNITED METHODIST CHURCH URGES:

A. LOCAL CONGREGATIONS WORLDWIDE TO:

1. Be places of openness where persons whose lives have been touched by HIV infection and illness can name their pain and reach out for compassion, understanding, and acceptance in the presence of persons who bear Christ's name;
2. Provide care and support to individuals and families whose lives have been touched by HIV infection and illness;
3. Be centers of education and provide group support and encouragement to help men,

women, and youth refrain from activities associated with transmission of HIV infection.

B. GENERAL PROGRAM AGENCIES TO:

1. Assist related health institutions to obtain supplies and equipment to screen donated blood and provide voluntary HIV testing;
2. Support efforts by projects and mission personnel within regions to promote disease prevention and to respond to the needs of family care providers and extended families;
3. Facilitate partnership relationships between institutions and personnel from region to region, and as appropriate, share models and effective approaches regarding prevention, education, care, and support for individuals and families with HIV infection and illness;
4. Assist health workers to obtain region-specific timely updates on the diagnosis, treatment, and prevention of HIV infection and illness;
5. Facilitate the sharing of pastoral care resources and materials dedicated to the care of persons and families whose lives have been touched by HIV;
6. Respond to requests from the regions to develop training seminars and workshops for church-related personnel in cooperation with ecumenical efforts, private voluntary organizations, and programs already existing in the regions;
7. Advocate for national, regional, and international cooperation in the development, availability, and transport of appropriate/relevant equipment and supplies for infection control, disease prevention, and treatment.

C. ANNUAL CONFERENCES TO:

1. Explore HIV prevention and care needs within their areas and develop conferencewide plans for appropriate effective responses;

2. Promote pastoral responses to persons with HIV infection and related illnesses which affirm the presence of God's love, grace, and healing mercies;
3. Encourage every local church to reach out through proclamation and education to help prevent the spread of HIV infection and to utilize and strengthen the efforts and leadership potential of men's, women's, and youth groups.

D. EPISCOPAL LEADERSHIP IN EVERY REGION TO:

1. Issue pastoral letters to the churches calling for compassionate ministries and the development of educational programs which recognize the HIV/AIDS epidemic as a public health threat of major global and regional significance;
2. Provide a level of leadership equal to the suffering and desperation being experienced by individuals, families and the communities in which they live.

The unconditional love of God, witnessed to and manifest through Christ's healing ministry, provides an ever-present sign and call to the church and all persons of faith to be involved in

efforts to prevent the spread of HIV infection, to provide care and treatment to those who are already infected and ill, to uphold the preciousness of God's creation through proclamation and affirmation, and to be a harbinger of hope, mercy, goodness, forgiveness, and reconciliation within the world.

The United Methodist Church unequivocally condemns the rejection and neglect of persons with HIV infection and illness, and all crimes of hate aimed at persons with HIV infection or who are presumed to be carriers of the virus. The United Methodist Church advocates the full involvement of the church at all levels to be in ministry with and to respond fully to the needs of persons, families, and communities whose lives have been affected by HIV infection and illness. In keeping with our faith in the risen Christ, we confess our belief that God has received those who have died, that the wounds of living loved ones will be healed, and that Christ, through the Holy Spirit, is present among us as we strive to exemplify what it means to be bearers of Christ's name in the midst of the global HIV/AIDS epidemic.

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THE COUNCIL CALL A COMMITMENT ON HIV/AIDS BY PEOPLE OF FAITH

Note: This document may be reproduced freely.

We are members of different faith communities called by God to affirm a life of hope and healing in the midst of HIV/AIDS. The enormity of the pandemic itself has compelled us to join forces despite our differences of belief. Our traditions call us to embody and proclaim hope, and to celebrate life and healing in the midst of suffering.

AIDS is an affliction of the whole human family, a condition in which we all participate. It is a scandal that many people suffer and grieve in secret. We seek hope amidst the moral and medical tragedies of this pandemic in order to pass on hope for generations to come.

We recognize the fact that there have been barriers among us based on religion, race, class, age, nationality, physical ability, gender, and sexual orientation which have generated fear, persecution, and even violence. We call upon all sectors of our society, particularly our faith communities, to adopt as highest priority the confrontation of racism, classism, ageism, sexism, and homophobia.

As long as one member of the human family is afflicted, we all suffer. In that spirit, we declare our response to the AIDS pandemic.

1. **WE ARE CALLED TO LOVE:** God does not punish with sickness or disease, but is present together with us as the source of our strength, courage, and hope. The God of our understanding is, in fact, greater than AIDS.
2. **WE ARE CALLED TO COMPASSIONATE CARE:** We must assure that all who are affected by the pandemic (regardless of religion, race, class, age, nationality, physical ability, gender, or sexual orientation) will have access to compassionate, non-judgmental care, respect, support, and assistance.
3. **WE ARE CALLED TO WITNESS AND DO JUSTICE:** We are committed to transform public attitudes and policies, supporting the enforcement of all local and federal laws to protect the civil liberties of all persons with AIDS and other disabilities. We further commit to speak publicly about AIDS prevention and compassion for all people.
4. **WE PROMOTE PREVENTION:** Within the context of our respective faiths, we encourage accurate and comprehensive information for the public regarding HIV transmission and means of prevention. We vow to develop comprehensive AIDS prevention programs for our youth and adults.
5. **WE ACKNOWLEDGE THAT WE ARE A GLOBAL COMMUNITY:** While the scourge of AIDS is devastating to the United States, it is much greater in magnitude in other parts of the world community. We recognize our responsibility to encourage AIDS education and prevention policies, especially in the global religious programs we support.
6. **WE DEPLORE THE SINS OF INTOLERANCE AND BIGOTRY:** AIDS is not a "gay" disease. It affects men, women, and children of all races. We reject the intolerance and bigotry that have caused many to deflect their energy, blame those infected, and become preoccupied with issues of sexuality, worthiness, class status, or chemical dependency.
7. **WE CHALLENGE OUR SOCIETY:** Because economic disparity and poverty are major contributing factors in the AIDS pandemic and barriers to prevention and treatment, we

call upon all sectors of society to seek ways of eliminating poverty in a commitment to a future of hope and security.

8. WE ARE COMMITTED TO ACTION: We will seek ways, individually and within our faith communities, to respond to the needs around us.
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Portions of the text of this document were taken, with permission, from "The African American Clergy's Declaration of War on HIV/AIDS" (The Balm in Gilead Inc., 1994), and from "The Atlanta Declaration" (AIDS National Interfaith Network, 1989).

Background

The Council Call: A Commitment on HIV/AIDS by People of Faith, was written by the Council of National Religious AIDS Networks in

1994. The Council, a project of the AIDS National Interfaith Network (ANIN), is composed of leaders of AIDS networks associated with specific national religious bodies. It is a voluntary association working together to support ANIN's mission, to foster better communication, and to enhance the dissemination of information from ANIN and/or other organizations to the individual members of the networks. Contact ANIN at:

AIDS National Interfaith Network
110 Maryland Ave., NE, Suite 504
Washington, DC 20002
Phone: 202-546-0807
Fax: 212-546-5103

Contact The Balm in Gilead at:

The Balm in Gilead, Incorporated
P.O. Box 86, Lincolnton Station
New York, NY 10037
balm@interserv.com

Resource 10

FINDING HIV/AIDS RESOURCES ON THE INTERNET

Today the most up-to-date news about AIDS is often on electronic information services. If you don't know much about bulletin boards and Internet services, perhaps someone in your church does. Teenagers especially enjoy "surfing the Internet" and often know more about electronic communications and computers than adults.

Much of the following material has been adapted from the Centers for Disease Control's Guide to Selected AIDS-Related Electronic Bulletin Boards and Internet Resources and other CDC information sheets. The complete guide may be ordered from the CDC or downloaded from many electronic information services, including the Computerized AIDS Ministries (CAM) network of the GBGM's Health and Welfare Ministries. CAM can be called by modem at 212-222-2135 or 800-542-5921.

THE INTERNET

The Internet is a vast computer network connecting thousands of smaller networks in hundreds of countries. Users can access the Internet in two ways: as a dial-up user or as a node.

Dial-up: In this method, one dials into a node using a modem. A number of commercial online services offer some degree of this type of access including: MCIMail, 800-444-6245; CLASS, 800- 488-4559; DELPHI, 800-695-4005; AT&T Mail, 800-242-6005; CompuServe, 800-848-8990; America Online, 800-227-6364; and Netcom, 408-554-8649.

Node: A node is a computer system that is directly linked to the Internet via a leased high-speed telephone line that is dedicated to that connection. Health and Welfare Ministries has such a node, to which its bulletin board system (BBS) CAM is connected. The system at the node can also act as a "host" to offer information services to other Internet users. Health and Welfare Ministries' node hosts all of the General Board of Global Ministries' World Wide Web pages.

Below are several examples of Internet offerings. Some information services offer all of these options; others, only a few. These

definitions will help you understand the information that will follow.

Electronic Mail (E-Mail): More users take advantage of e-mail on the Internet than any of its other features. Any user registered with an Internet "address" can send electronic mail messages to any other user with an address. E-mail is private mail. The address usually consists of a user ID joined by the @ symbol (for "at") and the domain name of the computer service where the person with the ID has an account. You can write the HIV/AIDS Ministries Network of the Health and Welfare Ministries at: aidsmin@gbgm-umc.org. "Aidsmin" is the user ID and gbgm-umc.org is the domain name.

Listserv: A listserv (short for "list server," the computer server that runs the list) is an automated mailing list that sends electronic mail messages to a large group of users who subscribe by sending sign-up messages to the listserv. Electronic journals, or e-journals, and books have recently been introduced in this framework. Persons can subscribe to these lists and receive them in their e-mail.

File Transfer Protocol (FTP): File transfer protocol is a way users can get electronic files from a variety of computer sites or put files on them. Many sites, including CAM, offer "anonymous FTP." This method allows users to

call CAM to get files without having a registered account. On CAM, anyone can FTP in from an Internet service provider, but only staff can FTP out.

Telnet: Telnetting, or "remote log-in," is a way of logging onto a host at another location as if you were a computer resident on its system. For example, people can telnet from an Internet service provider to CAM and sign on as a new user or sign on under an account they already have. While telnetting, users can do almost anything on a bulletin board system that they could if they had called the service directly; however downloading and uploading may be unstable. FTP is recommended over telnet for file transfers.

World Wide Web (WWW): WWW is becoming a popular way of "surfing the Internet." CAM has a WWW page that you can reach with software called a *web browser* (such as Netscape, Mosaic, SlipKnot, or the ones offered by major online services such as America Online, CompuServe and Prodigy.) WWW is a hypertext-based system that links services across the Internet. The links or documents don't have to be textual; they can also be in the form of images, audio files, or video clips.

The way WWW links to material at a site (also called a *home page*) or to other sites is transparent to the user, who clicks on words or pictures and can then be carried all around the world. For example, the Oklahoma Annual Conference of The United Methodist Church has a WWW page that will take you from its page to the Vatican "art museum" in Italy. The Centers for Disease Control's (CDC) page can link you with the World Health Organization page in Geneva. Through calling CAM's home page, you will also be able to jump directly from CAM to either the CDC or WHO.

To call the WWW, you need both Internet access and a special WWW browser, which will let you see all the pictures and colors. You must have at least a 286/386 computer and a large amount of memory on the computer. You can call CAM at <http://hwbbs.gbgm-umc.org> for a fast-loading home page or <http://gbgm-umc.org> for a home page with more graphics,

and the HIV/AIDS Ministries Network at <http://gbgm-umc.org/programs/hiv/aids.html>.

The General Board of Global Ministries of The United Methodist Church also has web pages. It offers up-to-date mission news and information, including photos and maps, as well as links to news services, other United Methodist organizations, ecumenical partners such as the World Council of Churches, and organizations such as the United Nations. You can reach the GBGM home page at <http://gbgm-umc.org>, and Health and Welfare Ministries at <http://gbgm-umc.org/divisions/hwmin>.

Internet Tools: Some tools are making the Internet easier to use. An *Archie* is a database that can search all files available for FTP from any of the Internet nodes. *Hytelnet* is a tool to search telnet services. A *gopher* is a menu-based system for finding and accessing Internet resources. *Veronica* and *Jughead* are tools to search many gopher menus at once. WAIS (Wide Area Information Service) provides indexed searching to a variety of types of Internet resources.

THE COMPUTERIZED AIDS MINISTRIES SERVICE OF THE GENERAL BOARD OF GLOBAL MINISTRIES

The Computerized AIDS Ministries (CAM) offered by the Health and Welfare Ministries can be accessed from the Internet via telnet, FTP, anonymous FTP, and WWW. As noted above, its domain name is **hwbbs.gbgm-umc.org**. Some who telnet to CAM have said that, from *their* services, typing the domain name does not work. In this case, use CAM's IP (numeric) address: **198.139.157.121**. The domain name is simply an easier way to remember CAM's address. You can call CAM and reach it using either address.

If you use FTP, you will have access only to CAM's libraries. You will not be able to read any of the public forums or e-mail. If you sign on with your registered user ID, you will be able to access all files you can access under that ID. If you log onto CAM with anonymous FTP, you will be able to access all of CAM's AIDS ministry files, but not all of the files available to full members of CAM.

How to Call CAM by Anonymous FTP:

1. FTP to **hwbbbs.gbgm-umc.org**. (Do not put a period after the final g.) Follow the instructions for doing FTP that are given for your Internet service provider.
2. Type **anonymous** when asked to log in.
3. Enter your Internet address (e.g., **joyumc@aol.com**) when asked for a password. It must have a user ID, the symbol @, and a domain name.
4. Once inside, you will find you are in "library." When you are doing FTP, remember that everything is "case-sensitive" (you must type capital and lowercase letters exactly as shown). Type **ls** (for library selection) plus ENTER, and a list of libraries available to you will be given. Choose a library you want to enter, and change to that directory. To go to the focus library, for example, type the command **cd focus** plus ENTER. Then use the command **ls** or **ls -l** to find out the names of the files in the library.
5. When you decide which file you want, make sure you are in *binary* mode. To do this, type **binary**. CAM will respond to confirm that you are in this mode. Then type, for example, **get focus028.zip**. This command will "get" (download) focus paper #28 for you.

If you want more than one file at a time, as can be specified by a wildcard (*), then use the command **mget**, as in **mget focus0*.zip**. This command will get you all the zipped ASCII format focus papers that are in the library.

6. When you are finished getting files, type **quit**. This command will return you to your Internet service provider.
Remember to press the ENTER button after each command listed above!
Note: From the WWW, FTP to CAM using this command **ftp://hwbbbs.gbgm-umc.org/library**.

AEGIS/HIVNET

AEGIS/HIVNET provides anonymous access to its file base through the FTP address **ftp.hivnet.org**. The mailing lists are also

archived and are available via FTP under gopher/news groups. The network carries Health and Welfare's HIV/AIDS Ministries' Focus Papers in its focus library. The files are labeled **focus0xx.zip**. New files arrive almost daily. To subscribe, please send mail to **hiv-newfiles-request@hivnet.org**.

THE CDC ON THE INTERNET

The CDC, WHO, and other health and AIDS resources are on the Internet. If you call the CDC via WWW, you will discover that most of these are linked together.

CDC National AIDS Clearinghouse

The CDC National AIDS Clearinghouse maintains a read-only mailing list for individuals who wish to receive AIDS-related documents from CDC, including the AIDS Daily Summary, selected Morbidity and Mortality Weekly Report articles, CDC National AIDS Hotline Training Bulletins, and fact sheets. The listserv also distributes press releases from other public health service agencies, such as the National Institutes of Health.

To subscribe, Internet users should send the message **subscribe aidsnews firstname lastname** to the address below, where your real first and last names are substituted for "firstname" and "lastname." Anyone with e-mail access to the Internet, including members of such networks as America Online and CompuServe, can subscribe to the AIDS News Listserv.

The CDC NAC e-mail address is
aidsinfo@cdcnac.aspensys.com

The CDC AIDS News listserv address is
listserv@cdcnac.aspensys.com

CDC NAC File Transfer Protocol (FTP)

The CDC Clearinghouse's anonymous FTP site contains files of documents, such as the current HIV/AIDS Surveillance Report, clinical practice guidelines published by the federal Agency for Health Care Policy and Research, pathfinder guides to AIDS information, and the Clearinghouse's Standard Search Series. To obtain files:

1. FTP to the address **cdcnac.aspensys.com**.
2. Type **anonymous** when asked to log in.

3. Enter your complete Internet address (e.g., "johndoe@delphi.com") when asked for a password.

4. Change to the public directory and the CDC NAC subdirectory with the command **cd /pub/cdcnac**.

5. To download the file with basic information about CDC NAC's FTP site and the available files, type the command **get readme**.

6. To download other files, type the command **get filename** (where "filename" is the name of the file). If downloading a binary (nontext) file, such as WordPerfect files ending in ".wp5" or compressed files ending in ".exe" or ".zip," be sure to type the command **binary** and press ENTER before using the **get** command.

For calling with Mosaic or other web browsers, the universal resource locator address (URL) is **ftp://cdcnac.aspensys.com/pub/cdcnac**.

CDC NAC Gopher Server

A gopher server is a host computer with a simple menu interface leading to text files of documents and other options. A gopher is structured in a hierarchical or outline format with menus and submenus leading to different levels of choices, like folders or directories. The CDC Clearinghouse's gopher

site contains the AIDS Daily Summary, AIDS-Related Morbidity and Mortality Weekly Report articles, tables from the HIV/AIDS Surveillance Report, and other CDC documents. Basic HIV/AIDS-related information is available, as well as information about prevention, treatment, and living with HIV.

To point directly to the CDC NAC gopher, point to the address **cdcnac.aspensys.com 72** (port 72). If using Mosaic or another web browser, the URL is **gopher://cdcnac.aspensys.com:72**.

Other CDC Connections

The Centers for Disease Control have another Internet computer site, in addition to the one for the CDC National AIDS Clearinghouse.

You can use FTP to connect to CDC's file server at the address **ftp.cdc.gov**. Supply the user name **anonymous**, and give your Internet e-mail address in response to the prompt for the password.

If you call CDC on the World Wide Web (WWW), you could spend days going through all of the pages and their links to other pages! The WWW connects you not only with CDC resources and information but also to WHO and a variety of other health organizations around the world. Use WWW software, such as Mosaic or Netscape, to connect to the CDC server address: **http://www.cdc.gov**. Follow the instructions that appear on the screen.

Resource 11

SOME HELPFUL ADDRESSES AND PHONE NUMBERS

CDC National AIDS Clearinghouse

The CDC National AIDS Clearinghouse (CDC NAC) is a national reference, referral, and distribution service for HIV/AIDS-related information. For all clearinghouse services, call 1-800-458-5231 (English and Spanish); access for persons with hearing impairments, 1-800-243-7012.

National Religious AIDS Organizations

AIDS Advocacy in African American Churches Project, 611 Pennsylvania Avenue SE, Suite 359, Washington, DC 20003; phone 202-546-8587, fax 202-546-8867.

AIDS Ministry Network: Christian Church (Disciples of Christ), P.O. Box 4188, East Lansing, MI 48826; phone 517-355-9324, fax 517-432-2662.

AIDS National Interfaith Network (ANIN), 110 Maryland Avenue NE, Suite 504, Washington, DC 20002; phone 202-546-0807, 800-288-9619.

Brethren Mennonite AIDS Hotline, 44 N. Queen Street, Lancaster, PA 17503; phone 717-394-3380.

The Congress of National Black Churches, 1225 Eye Street NW, Suite 750, Washington, DC 20005-3914; phone 202-371-1091.

HIV/AIDS Ministries Network, Health and Welfare Ministries, General Board of Global Ministries, The United Methodist Church, 475 Riverside Drive, Room 350, New York, NY 10115; phone 212-870-3909, fax 212-749-2641, Internet address aidsmin@gbgm-umc.org.

Lutheran AIDS Network, Holy Cross Lutheran Church, 1165 Seville Drive, Pacifica, CA 94044; phone 415-359-2710.

National Catholic AIDS Network, P.O. Box 422984, San Francisco, CA 94142-2984; phone 707-874-3031, fax 707-874-1433.

National Episcopal AIDS Coalition, 2025 Pennsylvania Avenue NW, Suite 508, Washington, DC 20006-1813; phone 202-628-6628.

Presbyterian AIDS Network, 3060A Presbyterian Center, 100 Witherspoon Street, Louisville, KY 40202-1396; phone 502-569-5794.

Seventh-Day Adventist Kinship International, P.O. Box 7320, Laguna Niguel, CA 92607; phone 714-248-1299.

Union of American Hebrew Congregations/Central Conference of American Rabbis, Joint Committee on AIDS, 75 Second Avenue, Suite 550, Needham Heights, MA 02194; phone 617-449-0404, fax 617-449-0419.

United Church AIDS/HIV Network, 700 Prospect Avenue, Cleveland, OH 44115; phone 216-736-3270, fax 216-736-3263.

Unitarian Universalist Association AIDS Resources Network, 25 Beacon Street, Boston, MA 02108-2800; phone 617-742-2100, fax 617-523-4123.

Universal Fellowship of Metropolitan Community Churches AIDS Ministry, 5300 Santa Monica Blvd., Suite 304, Los Angeles, CA 90029; phone 213-464-5100, fax 213-464-2123.

**HIV/AIDS RESOURCES AVAILABLE FROM
Health and Welfare Ministries
GENERAL BOARD OF GLOBAL MINISTRIES
THE UNITED METHODIST CHURCH**

"Activities for Individuals and Churches Developing HIV/AIDS Ministries," Health and Welfare Ministries.

"AIDS and the Healing Ministries of the Church," a resolution by the 1988 General Conference of The United Methodist Church, May 1988.

"The Church and the Global HIV/AIDS Epidemic," a resolution by the 1992 General Conference of The United Methodist Church, May 1992.

"Care-Giving Teams for Persons with AIDS," a resolution by the 1992 General Conference of The United Methodist Church, May 1992.

Computerized AIDS Ministries Resource Network (CAM), a computerized bulletin board system of HIV/AIDS resources and networking, available through computer modem by dialing 212-222-2135 or via the Internet (telnet, FTP, WWW) at hwbbs.gb-gm-umc.org.

FOCUS Papers, Health and Welfare Ministries, 1989–current.

"Report and Recommendation of the Interagency Task Force on AIDS to the 1992 General Conference," Interagency Task Force on AIDS, Health and Welfare Ministries, May 1992.

"Resources for AIDS Education," a resolution by the 1988 General Conference of The United Methodist Church, May 1988.

"A Statement on Acquired Immune Deficiency Syndrome: The Council of Bishops—The United Methodist Church," April 1988.

"Suggested Principles and Guidelines Regarding Workplace Policies on HIV Infection and Related Illnesses," Health and Welfare Ministries.

"Things for Institutional and Direct Service Ministries to Keep in Mind in Response to the HIV/AIDS Epidemic," Health and Welfare Ministries.

The above items may be obtained, free of charge, by contacting the Health and Welfare Ministries, General Board of Global Ministries, 475 Riverside Drive, Room 350, New York, NY 10115; 212-870-3909; fax 212-749-2641; Internet: aidsmin@gbgm-umc.org. Additional information, technical assistance, and resources are available by contacting the Reverend Charles Carnahan, Executive for HIV/AIDS Ministries, at the above address.

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